University of Alberta

Accounts of Hope for Reintegration Professionals Working With Women on Parole and Probation

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A thesis submitted to the Faculty of Graduate Studies and Research

in partial fulfillment of the requirements for the degree of

Master of Education

In

Counselling Psychology

Department of Educational Psychology

Edmonton, Alberta

Spring 2008

Library and Archives Canada

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395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence
ISBN: 978-0-494-45750-4
Our file Notre référence
ISBN: 978-0-494-45750-4

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Abstract

As women on parole or probation transition from correctional facilities to the community they face many threats to successful reintegration, including addictions, prior victimization, and poverty. Although little research addresses hope during this reintegration process, hope is a key factor in the human change process, a precursor to therapeutic change, and the hope of helping professionals is considered crucial to inspire hope in clients (Hannah, 2002). The purposes of this study were: (a) to gain understandings of work-related hope from reintegration professionals working with women on parole or probation, and (b) to elicit reintegration professionals' understandings of client hope and how these professionals might describe attempts to foster hope with clients. Employing Merriam's (1998) Basic Interpretive Inquiry, 5 reintegration professionals participated in semi-structured interviews. Thematic analysis indicated that hope played an important role in reintegration workers professional accounts and they believed that hope was crucial in the reintegration process for women.

Dedication

I dedicate this thesis to the amazing participants who shared their experiences with me. I am both inspired and humbled by the fire of your passion, the depth of your commitment, and the strength of your hope. You may not think that you can "change the world", but you do in every word of encouragement, every stand for justice, every need you help to meet, and every heart wrenching story you listen to with openness and compassion.

I also dedicate this thesis to the women in-conflict-with-the-Law who wrestle each day to make different choices, overcome challenging obstacles, and walk new paths. You are the ones who first showed me the power of hope in-practice.

Acknowledgements

For Jesus, you are the source of my hope. I could not walk this path without you.

To my supervisor, Denise, who never once said, "You really need to get this done!" Your belief in me and my work held me through the times when I wondered myself. I remember so many meetings that I entered despairing and left inspired.

To my Committee, thank you for your time and feedback.

To Mike, Israel, and Lily, my life could have been complete without a thesis and a Master's degree. It could never be complete without you.

To my Mom, I may have groaned about the times you bragged to everyone in earshot about me, including presenting my research as a story idea to the Nelson Daily News, but it always made me feel special. To my Dad, for the countless times throughout my education when you said, "I found this scholarship the other day…" Although the two of you may not have always understood what I was talking about or why it took so long, you always listened.

To my Counselling Girls, thank you for all the times you listened to my complaints, celebrated my victories, and shared freely with your help. As hard as it was for me to know that, at times, you carried me, I could not have been in better hands.

To Bill Whelton, you will never know the impact you had with the words, "Do you want a deferral? I'm sure we can get you a deferral." You opened the door for me to bask in my daughter's first year before continuing to pursue my education.

To Pastor Jim, who listened to the ponderings and dreams of a high school kid over a casual cup of coffee and said, "You should be a counsellor".

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CHAPTER ONE

Introduction

Helping professionals occupy a unique position as they work with clients in a variety of settings, including healthcare, education, social work, and counselling. The helping role allows professionals to witness the darkest and most beautiful sides of human nature. In counselling-oriented helping relationships, professionals can observe first-hand the extraordinary human potential for change. Supporting individuals as they surmount tremendous obstacles to reach their goals is likely to be incredibly inspiring. Conversely, helping professionals may also experience the frustration of working with clients who remain mired in painful or potentially dangerous life situations. Reintegration professionals occupy one branch of the helping professions. Specifically, reintegration professionals work with individuals who are transitioning from correctional facilities into the community. In this study, the reintegration professionals I interviewed work specifically with women on parole and probation. Frank (1973) writes that instilling hope is a key role in the helping professions. However, despite the recognized importance of hope for helping professionals, little research has been undertaken to understand how professionals experience hope in their work.

Context of the Problem

Research on the impact of long-term exposure to client problems, illnesses, and violence finds that helping professionals are prone to frustration and emotional exhaustion, major contributors to the development of work-related burnout (Acker, 1999; Ratliff, 1988; Wykes, Stevens, & Everitt, 1997). Both personal and organizational factors can contribute to professional burnout, including lack of assertiveness, inadequate coping

skills, workload, conflict with colleagues, and lack of resources (Stechmiller & Yarandi, 1993). Although most studies on burnout focus on the negative or challenging aspects of helping professionals' work, there are proposals that suggest the act of helping may have intrinsically positive effects which may moderate stressors (Bennett, Ross, & Sutherland, 1996). Focusing specifically on the field of social work, Schwartz, Tiamiyu, and Dwyer (2007) propose that hope may be one of the variables that professionals possess which both bolsters effective practice with clients and protects from burnout.

Tackling the challenges of working with a marginalized population, like women on parole/probation, demands high energy and relational commitment from reintegration professionals. Facing these types of challenges may also potentially threaten professionals' hope. Women on parole/probation face multiple barriers, including histories of trauma, addictions, poverty, and lack of adaptive coping skills, which can make professionals' work difficult. Helping women reintegrate into the community is not a simple, straightforward process. Each woman brings her own life history that influences her ability to reintegrate successfully. For example, if a woman was raised in an environment where shoplifting was a viable option to procure daily necessities and violence was used to solve disputes, she will need to address these issues in order to live as a law-abiding citizen.

Reintegration professionals may face situations where clients cease trying to change because they are exhausted from confronting challenges or are simply not ready to make adaptive life changes. Acknowledging the drain working with clients in these types of situations can have on counsellors, hope researchers Edey and Jevne write, "We all want to be effective in our work, and it is difficult to be hopeful in the presence of

those clients who don't change, don't try, and won't take advice" (2003, p. 46). In order to create meaningful, practical strategies to support professionals' hope, their conceptions of hope must first be understood. "Professionals must find a way of sustaining a hopeful orientation in the presence of those who don't comply with treatment, don't get well, won't take advice, and don't convey a sense of appreciation" (Jevne & Nekolaichuk, 2003).

Currently, little research has been conducted investigating the experience or influence of hope with helping professionals, specifically professionals working with women on parole/probation. This knowledge is crucial for the development of practical methods that can effectively address hope in the reintegration process. Researchers must understand how reintegration professionals perceive and enact hope as they assist women on parole/probation, to begin elucidating the role of hope within these helping relationships.

Purpose of the Study

This study is a response to both the lack of literature addressing understandings of hope for reintegration professionals working with women on parole/probation and my own previous experiences as a reintegration professional. It attempts to describe how the reintegration professionals in this study experience hope in their work through themes and sub-themes generated from participants' interview accounts. The approach and methods used in this study are qualitative in nature.

This study seeks to explore two intricately related issues. First, the study focuses on work-related accounts or descriptions of hope from community-based reintegration professionals who work with women on parole/probation. Specifically, I seek to elucidate

an in-depth understanding of the day-to-day experiences that encourage, challenge, and maintain hope for reintegration professionals, along with any importance professionals in this study ascribe to hope in their work. Second, this study focuses on eliciting reintegration professionals' understandings of their clients' hope and how these professionals may describe attempts to foster hope with their clients. These two foci, that is, reintegration professionals' work-related descriptions of hope and their understandings of hope for their clients, are addressed through in-depth interviews with reintegration professionals.

Rationale for the Study

In Western industrialized nations, including Canada, women are the fastest growing segment of the prisoner population (Bloom, Owen, & Covington, 2003). Between 1981 and 2002, the Canadian federal adult woman offender population increased by 25% (Sinclair & Boe, 2002). Incarcerated women face a variety of challenges, including substance abuse problems (Dowden & Brown, 2002; Freudenberg, Wilets, Greene, & Richie, 1998; Koons, Burrow, Morash, & Bynum, 1997; Lightfoot & Lambert, 1991, 1992; Peugh & Belenko, 1999; Prendergast, Wellisch, & Wong, 1996; Shaw et al., 1991), prior victimization (Bond & Semaan, 1996; Green, Miranda, Daroowalla, & Siddique, 2005; Richie, 2001), poverty (Monster & Micucci, 2005; Richie; Statistics Canada, 2001, 2005), and a lack of adaptive coping methods (Dowden & Blanchette, 2002; Severance, 2004). Meetings with reintegration professionals are a commonly utilized method for facilitating women's transition back to their communities. Assisting women on parole/probation to successfully re-enter the community is vital for the safety and well-being of each woman, her family, and her community.

Previous research identifies hope as a key factor influencing client change in therapy. Referring to the impact of hope across therapeutic approaches, Lopez et al. (2004) assert, "Beneficial change may be attributable, in part, to hope" (p. 389). Meta-analytic research consistently identifies hope as one of the four common factors which contributes to therapeutic effectiveness (Asay & Lambert, 1999; Hubble & Miller, 2004; Lambert, 1992). Snyder, Michael, and Cheavens (1999) consider hope to be such an influential component that they propose it as a unifying force underlying the therapeutic process.

Hope can be a significant source of energy and motivation to make life changes (Edey & Jevne, 2003; Hanna, 2002; Irving, Seidner, Burling, Pagliarini, & Robbins-Sisco, 1998; Snyder et al., 1991). Hope acts to reinforce and empower clients to believe that the possibility of achieving a brighter future exists (Frank & Frank, 1991; Hanna, 2002). Emphasizing the importance of hope in the therapeutic change process, especially for difficult clientele, Hanna concludes:

> Without hope, life holds little in the way of inspiration or motivation. Hope could be said to be a precursor not only of change, but of possibility. It inspires both action and courage, and it paves the way for the realization of dreams, whether simple or sublime. (p. 93)

The motivational aspect of hope may be especially important when individuals face adverse situations, as it offers the energy to continue striving forward. As a source of energy and inspiration, hope seems likely to play a role for both reintegration professionals and their clients as they face the challenges associated with transitioning from correctional facilities to the community.

The work that community-based reintegration professionals conduct with women on parole/probation shares commonalities with other forms of counselling, including a emphasis on the working relationship, empathic support, encouragement of personal growth and development, and client-centeredness. These findings suggest that hope may play a significant role in the relationships between reintegration professionals and their clients. It also suggests that hope may be influential in the change process for women on parole/probation.

Previous research on hope suggests that helping professionals need to possess hope in order to support hope in their clients. Describing the impact of hope on counselling professionals, Edey and Jevne (2003) remark that hope is "the fuel that keeps the counsellor going" (p. 45). Snyder (1995), another prominent hope scholar, also describes hope as a necessity for helping professionals. Snyder contends that therapists need to evaluate their own level of hope to assess their ability to work effectively with clients. This study attempts to begin building understanding of how reintegration professionals' hope is fostered, sustained, and challenged in their work with women on parole/probation.

The present study provides practical examples of how hope is fostered and maintained for reintegration professionals, which may be employed by professionals and their employers. It also offers valuable insights into reintegration professionals' understandings of hope for clients and specific strategies participants identify themselves as employing to support client hope. Similarly, Larsen, Edey, and LeMay (2007) recommend that investigation of counsellor experiences of hope and counsellor perceptions of client hope may actually improve therapeutic practices and stimulate

understandings of hope in these relationships. Awareness of professionals' hope may also present new possibilities to address work-related burnout and feelings of hopelessness, potentially allowing reintegration professionals to work with clients for longer periods of time.

In a review of hope literature and a study examining how cancer patients employ the word *hope* in conversations, Eliott and Olver (2002) conclude that hope can be described or defined in a multitude of ways. Instead of searching for a singular definition of hope, they recommend focusing on specific meanings of hope, within specific contexts. Nekolaichuk (2004) agrees: "A complex concept such as hope cannot be simplified to a universal definition or conceptual framework. Thus, it is imperative to situate oneself amidst the complexity of perspectives" (p. 181). These researchers allude to the notion that different settings and circumstances may emphasize different facets of hope. For these reasons, applying a qualitative approach to gather accounts of hope from reintegration professionals is appropriate. Rather than seeking to create a broad, widely-generalizable theory of hope, this study attempts to describe contextually relevant understandings of the concept, experience, and importance of hope for the reintegration professionals involved in this study.

This study opens the investigation of a previously unexplored area, namely accounts of hope for reintegration professionals working with women on parole/probation. In addition, this study also addresses reintegration professionals' perceptions of how hope is fostered with clients. This study builds upon previous hope research with helping professionals, including physicians (Eliott & Olver, 2002; Wong-Wylie & Jevne, 1997), nurses (Benzein et al., 2001; Cutcliffe & Barker, 2002; Cutcliffe

& Grant, 2001; Gaskins & Forté, 1995), mental health practitioners (Beavers & Kaslow, 1981; Dufrane & Leclair, 1984; Edey & Jevne, 2003; Frost, 2004; Russinova, 1999; Snyder, 1995), teachers and sports coaches (Frost), practitioners working with survivors of sexual abuse and their perpetrators (Wilkes, 2002), and front-line, community workers (Bernard, 2000; Janzen, 2001) to advance our understandings of the significance and impact of hope on helping professionals.

Genesis of the Study

This study evolved out of my own experience and professional interest as a reintegration professional. For over two years, I worked in several community-based settings with women on parole/probation. I found the work both inspiring and exhausting. As I reflected on my time working with women on parole/probation, two stories always stood out in my memory. In one job, I operated an employment program for women with criminal records. Educating employers about the challenges faced by women with criminal records and advocating for my clients' rights were two central parts of my role. Part of the employment program involved connecting employers with casual labourers for temporary jobs. These temporary placements offered women confidence, work experience, an introduction to potential employers, and much needed finances. During this time, I met two women on parole, who I will refer to as Barb and Rose. These women began their own cleaning company together. As Barb and Rose's business expanded, they hired women from the casual labour program to work on a daily basis. Eventually, they permanently hired several of the women who proved to be dependable and hard working. I was always inspired by both Barb and Rose's initiative to combat stereotypes and their commitment to assist other reintegrating women. Their hardworking

example not only gave me hope, but I believed it instilled hope in other women on parole/probation who witnessed their actions.

Writing about hopelessness is far harder for me than writing about hope. The second story that comes to mind when I think of my previous work involves a woman I will refer to as Martha. When she first arrived at my office, I was impressed at how motivated and composed she appeared to be. Martha began by sharing her story of recently leaving a long-term abusive relationship and raising her young granddaughter. She was a residential school survivor, who had begun to address her scarred past through aboriginal healing traditions. Sadly, each time Martha came to my office, she progressed farther and farther downhill. Her ex-husband vandalized her car repeatedly and harassed her over the phone and in-person. Divorce proceedings moved slowly with a lawyer who had little time for her case. The final blow came when her granddaughter was placed in foster care following a violent dispute between Martha and her ex-husband. Martha slipped into a state of severe depression. She told me that she wanted to end it all. Later, a suicide attempt was foiled by a friend. I was young, inexperienced, and totally unprepared to deal with the situation. All I knew was that I wanted to help, wanted to show her there was still hope, but had no idea how to do it. I began waiting for a phone call informing me that she had committed suicide. I felt utterly helpless and hopeless to assist Martha. In that situation, hopelessness had a tangible quality, like glue that held both Martha and I down, seemingly making movement impossible.

When I think of my previous work with women on parole/probation, I am reminded of Maya Angelou's poem (1994) "Caged Bird".

The free bird leaps
on the back of the wind

and floats downstream
till the current ends
and dips his wings
in the orange sun rays
and dares to claim the sky.

But a bird that stalks
down his narrow cage
can seldom see through
his bars of rage
his wings are clipped and
his feet are tied
so he opens his throat to sing.

The caged bird sings
with a fearful trill
of the things unknown
but longed for still
and his tune is heard
on the distant hill for the caged bird
sings of freedom

The free bird thinks of another breeze
and the trade winds soft through the sighing trees
and the fat worms waiting on a dawn-bright lawn
and he names the sky his own.

But a caged bird stands on the grave of dreams
his shadow shouts on a nightmare scream
his wings are clipped and his feet are tied
so he opens his throat to sing

The caged bird sings
with a fearful trill
of things unknown
but longed for still
and his tune is heard
on the distant hill
for the caged bird
sings of freedom.

For me, this poem captures both the heart wrenching agony many women on

parole/probation have faced and the tenacity they can possess to overcome their

circumstances. It also demonstrates that the caged bird has a voice that can be carried to the outside world. In my experience, community-based reintegration professionals are often the ones who amplify the voices of incarcerated and reintegrating women so the rest of the world can hear. These ideas give me hope. And, I firmly believe that it is time to learn about hope from the reintegration professionals themselves.

CHAPTER TWO

Literature Review

For some people, working with women on parole/probation might be considered a hopeless task. However, reintegration professionals undertake this task everyday to journey alongside their clients as they transition from correctional facilities to the community. In this chapter, I provide a literature review offering important background to the study of hope and the work of reintegration professionals. This chapter begins by defining several key terms used throughout this document. Next, I set the context for this study of reintegration professionals by outlining several common challenges facing women offenders. A brief overview of the significance of hope in the human change process highlights how hope may influence change for women on parole/probation as they work with reintegration professionals. The potential role of hope in enacting larger social changes is also acknowledged. Descriptions of the construct of hope proposed by various hope researchers are discussed, followed by descriptions of several influential hope models. Finally, previous research highlighting the importance of hope in relationships, especially helping relationships is examined.

Definition of Terms

To clarify terminology in this document, I am including a brief explanation of some of the key terms used in this manuscript. For the purpose of the study, the following definitions will apply:

A *reintegration professional* offers support services to clients on parole/probation. Support includes activities like counselling, advocacy, community resource referrals, and education. Reintegration professionals include, but are not limited to, counsellors,

community resource workers, social workers, and spiritual advisors (e.g., chaplains, Aboriginal elders). The reintegration professionals who took part in this study may be referred to as helping professionals, professionals, or participants, all with the same meaning.

Parole is a form of conditional release from a federal correctional facility that allows offenders to serve a portion of their sentence in the community. Parole is designed to offer a bridge between incarceration and returning to the community (Government of Canada, National Parole Board, 2007). Eligibility for parole involves a careful review of the individual's case history and an assessment of her risk potential. Once the parolee re-enters the community, a parole officer supervises her. Parolees are subject to the conditions of their correctional plan or parole order (Correctional Service of Canada [CSC], 2002b). These conditions may include restrictions of certain actions like curfews, as well as commitments to participate in activities like substance abuse treatment. Parole can be revoked, returning the parolee to a correctional facility, for several reasons: (a) the parolee breaches a parole condition (e.g., fails to return to her residence by the appointed curfew time), (b) the parole officer deems that the parolee is likely to breach parole conditions (e.g., the parole officer learns the parolee is planning to flee), or (c) the offender is apprehended by police for suspicion of committing a criminal offence.

Probation is a community sentence imposed by a judge that subjects an offender to court-ordered conditions as part of her sentence (Alberta Solicitor General & Public Security, 2007). Conditions are set out in a probation order and may include community service, mandated attendance in a program (e.g., anger management), or the requirement to report to a probation officer. Probation is exclusively under the jurisdiction of the

province and is used for offenders serving sentences of less than two years (Government of Canada, National Parole Board, 2006).

The Correctional Service of Canada defines *reintegration* as the activities conducted to prepare an offender to return safely to the community as a law-abiding citizen (Thurber, 1998). Community reintegration encompasses a broad range of decisions intended to place women offenders in the least restrictive setting possible (CSC, 2005). However, the offenders' needs are always balanced with the safety of the community. The terms *transition* and *reconnection* will be used throughout this document as synonyms for reintegration.

Challenges Facing Women Offenders

In order to gain a fuller appreciation of the work reintegration professionals in this study carry out, it is important to recognize the substantial challenges facing their client population. In 2004, women accounted for 18% of adult criminal offences in Canada (Statistics Canada, 2005). In that year, over 75,000 adult women were charged with a criminal code offence (Statistics Canada). Women are the fastest growing segment of the prison population in Western industrialized nations, including Canada, the United States, and Australia (Bloom et al., 2003). The Canadian federal adult woman offender population increased by 25% in the two decades between 1981 and 2002 (Sinclair & Boe, 2002). Women on parole and probation face a variety of challenges as they seek to move past their criminal convictions and reconnect with their communities. Substance abuse problems are common. They often lack employable skills and adaptive coping mechanisms (Koons, Burrow, Morash, & Bynum, 1997; Richie, 2001). When asked, many offenders link their criminal activity to histories of addiction, poverty, and abuse

(Report of the Auditor General to the House of Commons, 2003). A ten-year status report on women offenders in the Canadian federal correctional system recognizes the obstacles faced by this group: "While women offenders are accountable for their behaviour, interventions must take into account the social, political, economic and cultural context unique to women in society" (CSC, 2006, p. 36).

Substance Abuse

Many women offenders are addicted to drugs or alcohol. Drug offences account for more than one-third of women's convictions (Report of the Auditor General to the House of Commons, 2003). In the United States, non-violent, drug-related offences account for the largest growth among women offenders (Richie, 2001). Substance abuse problems in women offenders relate to their ability to reintegrate into their communities following incarceration (Kassebaum & Chandler, 1994; Peugh & Belenko, 1999). For women offenders, substance abuse is a significant predictor of recidivism (Dowden & Brown, 2002; Freudenberg et al., 1998). Advocates and service providers for women offenders agree that substance abuse treatment is one of women's most significant needs as the re-enter their community (Richie).

The vast majority of women offenders link substance abuse to their previous criminal activity (Lightfoot & Lambert, 1991, 1992; Peugh & Belenko, 1999; Prendergast et al., 1996; Shaw et al., 1991). In a survey of Canadian women offenders, 83% report using alcohol and/or drugs on the day of their offence (Lightfoot & Lambert). They also report that these substances contribute to their criminal activity and negatively affect their judgment. Similar results are also found in the United States (Prendergast et al.).

Prior Victimization

Consistently, women offenders report high rates of physical, emotional, and sexual abuse in their past (Bond & Semaan, 1996; Green et al., 2005). Horrific experiences of childhood abuse and repeated intimate partner violence have a profound impact on the lives of women offenders, including their criminal activity (Richie, 2001). Drawing from a series of qualitative projects exploring the causes and consequences of arrest and incarceration for women living in lower income, predominantly non-Caucasian communities in the United States, Richie outlines the challenges women face as they return to their communities. One participant in her study shares how prior victimization impacted her contact with the legal system:

> I was seriously tripping (having a flashback) when I got arrested. The officer put his hands on me, and I went right back to the last time I was raped. And I fought like hell. I wasn't ever going to let a man touch me like that again. So I kicked him and tried to grab his gun and if I'd gotten it, I would have shot him. I know I would have. (p. 375)

In this instance, it seems likely that the participant would garner additional criminal charges because of her behaviour, potentially including resisting arrest or assaulting a police officer. In one study (Lake, 1993), more than 85% of women offenders report previously experiencing at least one form of victimization. Victimization includes both witnessing and personally experiencing violence. Women offenders report various sources of abuse, including intimate partners, family members, acquaintances, and strangers. Programs addressing past victimization and self-esteem are being linked with promising outcomes for women offenders (Koons et al., 1997).

Poverty

"Over 80% of all incarcerated women in Canada are in prison for poverty related offences" (Jackson, 1999). Poverty-related offences are typically identified as theft, fraud, prostitution, and, potentially, drug-related charges. While both men and women face obstacles as they re-enter the community, the social and economic marginality facing women makes the effects of incarceration even more devastating (O'Brien, 2001).

Incarcerated women tend to be young (Richie, 2001; Statistics Canada, 2001), poor (Richie; Statistics Canada), and lack employable skills (Covington, 1998; Koons et al., 1997; Richie; Statistics Canada). Unemployment or underemployment in the years preceding arrest is common (Monster & Micucci, 2005; Richie; Statistics Canada, 2005). Many incarcerated women describe previously experiencing repeated periods of homelessness (Richie). Participants in Richie's study report that when opportunities to secure basic needs like food, shelter, and clothing are scarce, criminal activity becomes a more viable option. Similarly, interviews with Black women serving federal sentences in Ontario also reveal that their primary motivation to engage in criminal activity is economic (Pollack, 2000). Commenting on the economic challenges reintegrating women face, O'Brien states, "Most lack a sense of hope for their future outside of prison" (pp. 2-3).

Lack of Adaptive Coping Methods

Little is known about how women who successfully reintegrate and remain out of prison cope with common obstacles, like finding employment, abstaining from addictions, and regaining custody of their children. In a large-scale qualitative study, incarcerated women who were asked about how they anticipate coping with the challenges associated with release "generally seemed ambivalent, anxious, and

apprehensive" (Severance, 2004, p. 85). Research suggests that women offenders often have a variety of problems in cognitive, emotional, social, and behavioural functioning, especially if they abuse substances (Dowden & Blanchette, 2002). Substance abusing women offenders score significantly higher on indicators of poor stress management, low frustration tolerance, and thrill-seeking than non-abusers (Dowden & Blanchette). It could be hypothesized that offenders who lack adaptive stress management skills are more likely to use addictions as a maladaptive form of coping. In a set of recommendations to correctional managers (Rawson, Obert, McCann, and Varinelli-Casey, 1993), coping skills training is strongly recommended as a vital component to include in treatment programs for women offenders.

Creating Choices: The Report of the Task Force on Federally Sentenced Women

In 1989, the Correctional Service of Canada Commissioner, Ole Ingstrup, called for the creation of a multi-perspectival task force to address serious issues facing federally incarcerated women (CSC, 1999). The task force consisted of correctional practitioners, government agencies, community-based organizations, Aboriginal representatives, and women who were previously federally incarcerated. Many of the issues instigating the task force regarded Kingston's Prison for Women, Canada's only federal correctional facility for women at that time. The Prison for Women was geographically isolated, effectively separating incarcerated women from face-to-face contact with their families and other support people. Lack of space, ventilation, privacy, and programming to meet women's needs were also identified as significant concerns.

The *Creating Choices* (1990) report produced by the Task Force on Federally Sentenced Women was "founded on the principles of empowerment, meaningful choices,

respect and dignity, supportive environments, and shared responsibility" (CSC, 1999, p. 1). Recommendations from the task force included (a) closure of the Prison for Women, (b) construction of regional facilities and an Aboriginal healing lodge, (c) development of women-centered programs, and (d) the establishment of a community strategy to expand and strengthen programs and services for conditionally released women offenders (CSC; Task Force on Federally Sentenced Women [TFFSW]).

The Kingston Prison for Women officially closed its doors in the year 2000. Currently, Canadian federal women offenders are housed in seven regional facilities in British Columbia, Alberta, Saskatchewan, Quebec, Ontario (2), and Nova Scotia (CSC, 2006). The Okimaw Ohci Healing Lodge in Saskatchewan is based on an operational philosophy emphasizing Aboriginal teachings, spirituality, and traditions. New regional facilities house inmates in six to ten woman houses with communal living spaces, kitchens, bathrooms, laundry rooms, and access to the facility grounds. These living arrangements are designed to enable women to take control of their daily lives and learn to work with others. Correctional programming for women now includes foci on substance abuse, violence prevention, mental health intervention (e.g., Dialectical Behaviour Training), education, employability, and social programs. Finally, the *Community Strategy for Women Offenders* (CSC, 2002a) implements new community initiatives and expanded community services to meet the needs of women once they are released from a correctional facility.

Summary of Challenges Facing Women Offenders

For women leaving correctional custody, substance abuse problems are a significant reality that contribute to their past and current involvement with illegal

activity. The majority of women offenders report experiencing childhood and/or adult victimization, including physical, sexual, or emotional abuse or exploitation. Poverty, including lack of education, employable skills, and access to resources, is another factor which may impact women's initial involvement in crime and their attempts to successfully transition back into their communities. Women offenders facing these challenges may lack healthy coping mechanisms to deal with these issues in adaptive ways. Finally, the *Creating Choices* (TFFSW, 1990) document instigated an ongoing process to address specific concerns facing federally incarcerated women.

Hope may be a vital element in the process of transition, decision making, and choosing new paths. As its contribution to the reintegration process for women is unexplored, this question currently remains unanswered. However, it seems possible that reintegration professionals may influence women offenders' hope as they address the preceding issues in meaningful and practical ways with their clients.

Hope and Change

Hope is like a road in the country; there was never a road, but when many people walk on it, the road comes into existence.

(Lyn Yutang, Chinese writer and editor, 1895-1976)

The Potency of Hope in the Process of Human Change

Research on the common factors contributing to client change in counselling asserts that similarities among therapeutic approaches likely wield a greater influence on therapeutic effectiveness than differences (Asay & Lambert, 1999). Meta-analytic research consistently identifies hope as one of the four common factors contributing to therapeutic effectiveness, regardless of the practitioners' theoretical orientation (Asay &

Lambert; Hubble & Miller, 2004; Lambert, 1992). In fact, hope is considered such an influential component that it is proposed as a potential unifying framework underlying the therapeutic process (Snyder, Michael, et al., 1999). Also referring to the impact of hope across psychotherapeutic approaches, Lopez and colleagues (2004) claim, "Beneficial change may be attributable, in part, to hope" (p. 389). Further, in Talley's (1992) study of very brief psychotherapy, the single best predictor of treatment satisfaction is "the counsellor encouraged me to believe that I could improve my situation" (p. 63). Finally, hope also acts to reinforce and empower clients to believe that the possibility of achieving a brighter future exists (Frank & Frank, 1991; Hanna, 2002).

The work that community-based reintegration professionals conduct with women on parole/probation shares commonalities with other forms of counselling, including an emphasis on the working relationship, empathic support, encouragement of personal growth and development, and client-centeredness. Therefore, it seems likely that research findings regarding hope in the counselling relationship would also be applicable, at least in some part, to reintegration counselling.

Studying the experience and meaning of hope in the process of profound life change, Keen (2000) conducted twelve in-depth qualitative interviews. She defines *profound life change* as a "change <u>from</u> a destructive and harmful lifestyle to self and others <u>to</u> living a constructive and meaningful lifestyle to self and others" [underlining in original] (p. 63) which is maintained for a minimum of three years. Examples of the profound changes made by participants in Keen's study include, exiting an abusive relationship, conquering addictions, leaving a gang, and overcoming a criminal history. All but one participant in Keens' study agree that their experiences of hope are vitally

related to their process of life change. She reported that one participant was unable to answer because no equivalent word for hope exists in his culture. Keen's definition of profound life change seems to fit well within the realm of successful community reintegration for women on parole/probation. Inspired by hope, participants in her study overcame negative, often traumatic life experiences to create healthier, happier, and more successful lives. Similarly, in a summary of their extensive hope research, Snyder and colleagues (2005) conclude that "higher hope is virtually always related to more beneficial life outcomes" (p. 127).

Hanna's precursor model of change. Hanna (2002) proposes a therapeutic model of change based upon seven precursors of change: a sense of necessity, willingness to experience difficulty, awareness, confronting the problem, effort towards change, hope, and social support. Hanna writes, "When a client is undergoing change and responding well to the therapy process and procedures, there is little or no need for the precursors approach" (p. 19). However, when clients are "difficult, undermining, manipulating, unwilling, or involuntary" (p. 19) these precursors are not usually present and, instead, they need to be fostered by the therapist.

Hope for change is the realistic expectation that the future holds positive possibilities (Hanna, 2002). Articulating the power of hope, Hanna writes:

> Without hope, life holds little in the way of inspiration or motivation. Hope could be said to be a precursor not only of change, but of possibility. It inspires both action and courage, and it paves the way for the realization of dreams, whether simple or sublime. (p. 93)

Hanna describes the role of hope in therapeutic change as subtle. However, he

acknowledges that hope may have wide-spread, underlying effects on other precursors of change, including acting as the catalyst that brings other precursors into existence. For example, a client may muster the effort to change with the hope that a positive outcome will result from her attempts.

Hope and Substance Abuse

In a three-year study following individuals admitted to substance abuse treatment, 83% relapsed at least once (Scott, Foss, & Dennis, 2005). Recognizing the significant social and personal costs of addiction, it is important to identify factors associated with successful recovery. A study of homeless veterans (Irving, Seidner et al., 1998) found that higher levels of hope relate to longer periods of abstinence from addictions and a better quality of life. In the above studies, levels of hope were measured using the State Hope Scale (Snyder et al., 1991). There are several possible reasons for the strong correlations between hope and longer abstinence. According to Snyder et al., individuals with higher levels of hope are more likely to approach goals in ways that sustain motivation, cope with challenges by anticipating opportunities for success rather than failure, rely on adaptive coping strategies, and perceive themselves as being in control of achieving goals. "The motivational aspect of hope is important in the context of recovery from substance dependence, a goal that must be pursued with incredible determination" (Irving, Seidner et al., p. 392). Individuals who perceive addictions recovery as an attainable goal within their control may remain more committed to abstinence despite facing challenges.

Hope and Social Action

Several participants in the current study mention community members asking,

"How can you do this type of work?" I remember being asked the same question when I worked as a reintegration professional with women on parole/probation. These community members refer to the seemingly hopeless circumstances facing some women offenders. However, participants in this study describe their work as one way they seek to support change, in both the personal lives of their clients and the larger social and community context that can hamper women's efforts to reintegrate.

Hope for social change must be grounded in a concrete understanding of the context, recognition of available resources, and practical strategies to achieve change. Possessing hope without a plan of action seems unlikely to successfully enact societal change. Braithwaite (2004), a socio-political theorist, proposes a reciprocal relationship between hope and emancipation from socially-imposed constraints based upon race, education, and socio-economic status. Braithwaite writes, "The antislavery movement of the eighteenth and nineteenth centuries instilled its activists, with the implausible hope that slavery could be overthrown. Finally, it was overthrown" (p. 83). He emphasizes that social institutions need to offer marginalized individuals both hope for a better future and organizational support to achieve that future. Examining the concepts of hope and social justice in a culturally-diverse school serving a community with a low socioeconomic status, McInery (2007) agrees: "From time to time we need to remind ourselves that seemingly intractable and oppressive structures can be overturned through collective action on the part of committed individuals, groups and organisations" (p. 257). This statement emphasizes both human agency and hope in the process of enacting social change. Without hope for the possibility of change, it seems doubtful whether individuals would be willing to put forth the effort required to engage in social justice or social

action-oriented activities.

The Construct of Hope

What is this thing called hope? We ridicule those with too much of it and we hospitalize those with too little.

(Jevne, 2005, p. 266)

Inevitably, the first question people ask when I tell them I am a hope researcher is "What is hope?" In the last half century, many researchers, theorists, and clinicians have examined, questioned, and debated the origin and meaning of hope (Eliott, 2005; McGee, 1984). Hope is a concept that appears to transcend boundaries of theology, culture, and physical geography (Cutcliffe, 2004; Farran, Herth, & Popovich, 1995). It is considered a central, essential element of living (Fromm, 1968). The foundations of human hope are theorized to begin with subconscious processes in infants who hope that their basic needs for nourishment, warmth, safety, and love will be met (Erikson, 1964; Maslow, 1954).

For researchers studying the concept of hope, there are many, often overlapping, research-derived definitions of hope. Hope is defined as a multidimensional dynamic life force (Dufault & Martocchio, 1985), an inner power (Herth, 1990), a process of anticipation (Stephenson, 1991), and the cognitive energy and pathways to strive for goals (Snyder, 1995). Examining the many conceptualizations of hope that exist within the hope literature, several common characteristics of hope include a future orientation (Benzein & Savemen, 1998a; Cutcliffe, 1997; Dufault & Martocchio; Dufrane & Leclair, 1984; Gaskin & Forte, 1995; McGee, 1984; Stephenson), direction toward goal attainment (Benzein, Saveman, & Norberg, 2000; Gaskin & Forte; McGee; Morse & Doberneck, 1995; Snyder, 1995), cognitive and rational processing (Averill, Catlin, &

Chon, 1990; Dufault & Martocchio; Farran et al., 1995; Morse & Doberneck; Stephenson; Snyder), emotional experiencing (Dufault & Martocchio, Farran et al.; Godfrey, 1987; Nekolaichuk, 1999; Stephenson), ways of behaving (Benzein et al.; Dufault & Martocchio; Snyder; Stephenson), spiritual connectedness (Benzein et al.; Farran et al.; Gaskin & Forte; Herth; Nekolaichuk, Jevne, & Maguire, 1999), and interpersonal relationships (Beavers & Kaslow, 1981; Benzein & Saveman; Benzein et al.; Cutcliffe, 1997, 2004; Dufault & Martocchio; Farran et al.; Herth; Jevne 1991; Larsen et al., 2005; Morse & Doberneck; Nekolaichuk et al.; Russinova, 1999). Capturing the breadth of life that hope touches, Jevne (2005) succinctly summarizes that definitions of hope crisscross "goal and soul, doing and being, process and outcome, state and trait" (p. 266).

Models of Hope

I'd rather have hope than be able to define it

(Godfrey, 1987, p. 248)

When I began exploring the concept of hope, as represented in the research literature, I was struck by the multitude of perspectives and conceptualizations proposed. Hope models are typically conceptualized as uni-dimensional or multi-dimensional, depending on the level of complexity they use to attempt to describe the phenomenon. Uni-dimensional models tend to emphasise hope within a singular focus, like goal-attainment, whereas multi-dimensional models illuminate the impact of hope on life in various ways (e.g., cognitively, spiritually, and relationally). Within hope literature, both uni-dimensional and multi-dimensional perspectives co-exist and inform current understandings of hope.

Snyder and Colleagues

C.R. Snyder is one of the most prolific and cited scholars in the field of hope research. In his uni-dimensional model of hope, entitled *Hope Theory*, Snyder and colleagues (Snyder et al., 1991) define hope as the process of thinking about one's goals, along with the motivation to move toward (agency) and the ways to achieve (pathways) those goals. They theorize that hope has two major components: pathways and agency. Pathways thinking is defined as goal-directed thoughts, where individuals perceive that they can create routes to reach desired goals. Positive self-talk and the actual creation of alternate routes to reach goals when faced with obstacles are reflective of pathways thinking. Agency thinking is the motivation required to utilize those routes and move from thinking to action. Referring to the colloquial expression, "Where there's a will, there's a way", Snyder likens agency to the "will" and pathways to the "way" (Snyder, 1995).

Dufault and Martocchio

Dufault and Martocchio's (1985) groundbreaking work with elderly cancer patients generated a multidimensional model of hope which influences hope researchers in many disciplines (Eliott, 2005; Farran et al., 1995; Nekolaichuk et al, 1999). Dufault and Martocchio describe hope as "a multidimensional dynamic life force characterized by a *confident* yet *uncertain* expectation of achieving a future *good* which, to the hoping person, is *realistically* possible and *personally significant*" [italics in original] (p. 380). Exhibiting a fluid and multifaceted nature, "hoping is not a single act but a complex of many thoughts, feelings, and actions that change with time" (p. 380). Hope is seen to be comprised of two distinct spheres: generalized hope and particularized hope. Crossing the

two spheres, six distinct dimensions illuminate different aspects of the hope experience.

Generalized hope is an outlook that the future and life, in general, hold good things which may happen (Dufault & Martocchio, 1985). This belief is broad in scope, without concrete details regarding what is hoped for specifically. "Generalized hope protects against despair when a person is deprived of particular hopes, and preserves or restores the meaningfulness of life – past, present, and future – in circumstances of all kinds" (p. 380). An outlook of generalized hope bolsters ones' ability to work through challenges and changing events with "flexibility and openness" (p. 380). On the other hand, particularized hope "is concerned with a particularly valued outcome, good, or state of being" (p. 380). These concretely hoped for outcomes are described as hope objects. Particularized hopes clarify, emphasize, and confirm what individuals value most dearly in life. Considered together, generalized and particularized hopes help to preserve and maintain meaningfulness and significance in life.

Each of the six dimensions in Dufault and Martocchio's (1985) hope model is comprised of elements that structure the experience of hope. The six dimensions include affective, cognitive, behavioural, affiliative, temporal, and contextual components to create a "gestalt of hope" (p. 381). The *affective* dimension of hope "focuses on sensations and emotions that are part of the hoping process" (p. 382). It recognizes a myriad of feelings, both positive and negative, that encompass the entire process of hoping. The *cognitive* dimension captures the ways individuals' think, remember, perceive, and judge experiences, in relation to hope. From the perspective of the hoping individual, hope is always reality-based. The *behavioural* dimension acknowledges the actions individuals take to sustain and achieve their hopes. Aspects of the behavioural

dimension can overlap with the cognitive dimension (e.g., changing one's perspective) and the affiliative dimension (e.g., seeking help from others to achieve hopes). The individual's feelings of "relatedness or involvement beyond self as it bears upon hope" (p. 386) involve the *affiliative* dimension. Affiliative relationships may include people (e.g., living or dead), spiritual powers (e.g., God), and other living things (e.g., pets, wildlife, or the Earth). Recognizing that hoping can occupy past, present, and future orientations, a *temporal* dimension is also present. For example, an individual's memories of previously realized hopes may foster her belief that future hopes can also be achieved, which sustains her hope in the present. Finally, the *contextual* dimension includes life situations that "surround, influence, and are a part of a persons' hope" (p. 388). Capturing the interplay of the six dimensions, Dufault and Martocchio write, "The same life situation can be an occasion for either hope or for hopelessness or both, depending upon the interpretation and response of the person to it" (p. 389). As a multi-faceted, process-oriented life force, Dufault and Martocchio conclude "there is always hope" (p. 391).

Nekolaichuk, Jevne, and Maguire

Drawing from Dufault and Martocchio's (1985) model of hope, Nekolaichuk et al., (1999) create a conceptual model of hope grounded in the context of health and illness. They sample three distinct populations: healthy adults, individuals with a chronic or life threatening illness, and nursing professionals. Nekolaichuk et al., propose a dynamic, multi-dimensional model of hope comprised of three overlapping dimensions: personal spirit, risk, and authentic caring. *Personal spirit* revolves around the core theme of meaning; it is considered to be a personal dimension, which involves the ways one

makes sense of the world. *Risk* brings together themes of predictability and personal boldness. This situational dimension captures how one works with life's uncertainties and considers possibilities. The interpersonal dimension is termed *authentic caring,* which is linked with comfort. The credibility and authenticity of comfort in relationships is a key component in authentic caring. Essentially, Nekolaichuk et al., seek to acknowledge "the qualitative experience of hope, within a holistic, multi-dimensional quantitative framework" (p. 602). Their model attempts to capture the individually dynamic, personal experience of hope by delineating these three distinct, yet interrelated features.

Farran, Herth, and Popovich

Also exploring hope within a health care context, Farran et al., (1995) define hope as "an essential experience of the human condition" (p. 6). Hope operates as a fluid "way of feeling, a way of thinking, a way of behaving, and a way of relating to oneself and one's world" (p. 6). Arising from a comprehensive critical analysis of philosophical, theological, medical, psychological, and sociological data, their model of hope is based on four fundamental elements: experiential process, relational process, spiritual or transcendent process, and rational thought process (Farran et al.). *Experiential process* requires the individual facing an adverse situation to move from a negative perspective, reframe and seek meaning, and acknowledge positive teachings gained through the experience. *Relational process* acknowledges how feeling connected to a caring support network affects an individual's hope. *Spiritual or transcendent process* includes reflecting on the purpose and meaning of life, death and suffering. Finally, *rational thought process* highlights the importance of adaptive cognitive strategies to create goals, assess situations, and maintain a hopeful perspective.

Hope as a Verb, Noun, and Process

As a folk-term commonly used in everyday English language, rather than a psychological construct (Bruininks & Malle, 2005), *hope* is employed as a noun, verb, adjective (e.g., hopeful) (Eliott & Olver, 2002; Farran et al., 1995), and adverb (e.g., hopefully) (Eliott & Olver). While some suggest that hope remains an elusive phenomenon to define because of its various grammatical uses and connotations (Eliott & Olver; Farran et al.; Stephenson, 1991) the fact that hope is used in everyday speech has implications for its study in counselling and helping practices. For example, studying the speech of oncology outpatients about "do-not-resuscitate" orders, Eliott and Olver find that almost half of participants spontaneously use the word *hope* or a derivative thereof in their interviews. Most commonly, participants use hope as a noun, referring to it as an objective, independent entity. For example, participants use phrases like, "There's no hope" or "If there is hope" (p. 179). When used as a noun, hope is often determined by an outside source, like a doctor, and patients experience little control over it.

However, used as a verb, hope becomes more subjective because *someone* (e.g., the patient) engages in the act of hoping. Hoped for objects are determined by the individual (e.g., I hope to see my children tomorrow) and do not require legitimization from outside sources. As a verb, hope also introduces the ideas of agency and positivity. Eliott and Olver (2002) note that when participants use hope as a verb, "the active, positive voices of participants contrast markedly with the absolute solutions demonstrated with the noun version ('if there's no hope, finish it')" (p. 184). They also suggest that "the multiple employment of *hope* suggests that the term cannot be defined simply as an entity to be operationalized and measured but can accommodate a plethora of meanings" (p.

187). This statement seems to imply that the word *hope* may have different meanings over the course of a helping relationship or even within a single conversation. Eliott and Olver conclude by recommending that when patients ask the question, "Is there any hope?" medical professionals enable patients to express what is important to them by responding, "For what are you hoping?" (p. 188), as this is the agentic form of the word.

Eliott and Olver's (2002) research has several important implications for the current study. First, hope likely has multiple meanings in everyday speech. Reintegration professionals may need to listen for each client's specific meanings and understanding of the word *hope*. For example, one client may talk about hoping as a positive motivational force, while another client may refer to the pain induced by unrealized hopes. Second, some usages of the term *hope* are more active than others. Employing a more active or empowering usage of hope may be more useful for professionals as they seek to inspire hope and change in their clients' lives. Finally, as a researcher, I will also need to remain cognizant of how both the participants and I employ the word *hope*, as this can suggest differing meanings of the word of which I need to remain aware.

Hope in Relationships

Within hope research, a common thread in repeated findings is that hope is experienced within relationships. These relationships may occur with other people, animals, or spiritual powers (Beavers & Kaslow, 1981; Benzein, Norberg, & Saveman, 2001; Bernard, 2000; Dufault & Martocchio, 1985; Eliott & Olver, 2002; Farran et al., 1995; Frost, 2004; Gaskins & Forté, 1995; Jevne, Nekolaichuk, & Boman, 1999; Sutherland, 1993; Wong-Wylie & Jevne, 1997). Russinova (1999) purports that "hope is something that occurs between persons in the context of a relationship; it is a shared

experience between giver and receiver" (p. 51).

Hope has been explored within a variety of professional helping relationships, including with physicians (Eliott & Olver, 2002; Wong-Wylie & Jevne, 1997), nurses (Benzein et al., 2001; Cutcliffe & Barker, 2002; Cutcliffe & Grant, 2001; Gaskins & Forté, 1995), mental health practitioners (Beavers & Kaslow, 1981; Cutcliffe, 2004; Dufrane & Leclair, 1984; Edey & Jevne, 2003; Frost, 2004; Russinova, 1999; Snyder, 1995), teachers and athletic coaches (Frost), practitioners working with survivors of sexual abuse and their perpetrators (Wilkes, 2002), and front-line, community workers (Bernard, 2000; Janzen, 2001). Personal relationships with friends (Benzein et al., 2001; Frost; Gaskins & Forté), family members (Benzein et al., 2000; Frost; Gaskins & Forté), and colleagues or supervisors (Bernard; Cutcliffe; Gaskins & Forté; Janzen) are also identified as rich sources of hope in these studies. Recognizing that relationships are vital to the maintenance of hope, Cutcliffe (1997) claims:

> Whilst individuals can maintain their hope level to a certain extent, this cannot go on indefinitely. Eventually, the resource of hope will be depleted as it sustains the individual and the intra-personal strategies of hope inspiration become less effective. Thus creating the need for external help in order to replenish the individual's hope and support the intra-personal hope inspiring strategies. (p. 327)

Unfortunately, after searching the hope literature, hope has not yet been explored within the context of professional helping relationships with women offenders.

Qualities of Hope-Inspiring Relationships

Jevne claims that one cannot speak about hope without referring to caring (1991, 1993). When people feel cared about or they can care for others, hope flourishes

(Cutcliffe, 1995, 1996, 2004; Jevne, 1991, 1993; Nekolaichuk et al., 1999; Wong-Wylie & Jevne, 1997). Genuine helping relationships inherently possess a caring component (Frost, 2004). Recognizing the impact relationships have on hope, several researchers have undertaken to examine the characteristics of hope-fostering relationships. A survey of these studies of professional helping relationships in medicine and nursing highlight some of the qualities found in these hope-inspiring relationships.

Wong-Wylie and Jevne. In a qualitative study, Wong-Wylie and Jevne (1997) use the critical incident technique to explore hope influencing interactions between HIV seropositive patients and their physicians. Five opposing critical requirements are identified within physician-patient relationships that create "hope-full" or "hope-less" (p. 36) interactions. The five pairs of critical requirements are "(a) being known as a human/being known as a case, (b) connecting/disconnecting, (c) descriptive/prescriptive, (d) welcoming/dismissing, and (e) informing/poorly informing" (p. 40).

Being known as human characterizes the physicians' attempts to appreciate the patient holistically, as a unique person (Wong-Wylie & Jevne, 1997). The physicians' willingness to allow patients to know them as individuals also contributes to "being known" (p. 42). Patients describe the ability to voice concerns, be heard, and make informed decisions about their medical treatment as hope-full. These characteristics foster "a relationship of caring respect and equal partnership, where honesty and integrity were facilitated" (p. 42). Conversely, *being known as a case* categorizes hope-less interactions which suggest hierarchical, business-like relationships where patients feel belittled and out of control of treatment decisions.

The *connecting* requirement describes the rapport built between the patient and

physician (Wong-Wylie & Jevne, 1997). Feeling connected depicts "the patients' perception of the physician truly caring for, listening to, understanding, and supporting and encouraging them as human beings" (p. 45). Alternatively, *disconnecting* interactions are illustrated as lacking rapport, respect, and understanding.

The *descriptive* requirement represents physicians' attempts to clearly explain and describe medical treatments and terminology (Wong-Wylie & Jevne, 1997). In these instances, physicians welcome patient questions and involvement in the treatment process. *Prescriptive* interactions, on the other hand, are unempowering for patients. Prescriptive physicians are described as "expert[s]" who give "directions rather than choices" (p. 48).

Welcoming relationships offer patients the freedom to extend the time allotted for medical appointments and even access their doctors outside of scheduled visits (Wong-Wylie & Jevne, 1997). These hope-full interactions are distinguished by a "positive energy" and patients' feeling "special" or "important" (p. 49) to their physicians. Conversely, the *dismissive* requirement is characterized by inflexibility, a sense of wasting the doctors' time, and feelings that the doctor does not want to see them. Patients share that these feelings make them reluctant to interact with their physician.

Lastly, Wong-Wylie and Jevne (1997) describe the dichotomy of *informing* versus *poorly informing* in reference to doctors' knowledge level about the HIV/AIDS virus. Participants perceive that physicians display commitment to their work and their care for patients by maintaining and offering "accurate, up-to-date information" (p. 52) about the illness. Conversely, hope-less interactions are characterized by physicians who "could not or would not share information with the patient" (p. 52). At times, poorly informing

interactions even involve the dissemination of false information.

Cutcliffe and colleagues. In a grounded theory study, Cutcliffe and Grant (2001) seek to understand the principles and processes that psychiatric and mental health nurses use to inspire hope in cognitively impaired, adult clients. The central core variable, *Applied humanistic code,* tries to represent the values nurses bring into their work with clients. Nurse-participants describe adopting humanistic practices which emphasize individual uniqueness, a person-centered approach, and recognize the capacity for personal growth. Other core variables of *Pragmatic knowledge*, *Interpersonal relations*, and *Nurse as a utilizer* contribute to the central core variable. *Pragmatic knowledge* characterizes how the knowledge nurses bring to their work from reading, teaching, practice, and reflection inspires hope. *Interpersonal relations* highlights how caring, responsive, and non-judgmental interactions can foster patient hope. Finally, describing the *Nurse as a utilizer* underscores their ability to organize and plan an environment conducive to hopefulness. Cutcliffe and Grant make the bold statement that it is impossible to discuss hope without referring to help. They perceive hope as an inner feeling that help exists on the outside.

In a paper outlining the debate between nursing approaches for working with suicidal patients, Cutcliffe and Barker (2002) suggest that lack of hope is a determining factor in suicide attempts. Examining differing approaches for working with suicidal in-patients, they argue for the use of an *engagement and hope inspiration* approach. Cutcliffe and Barker posit that engagement with clients arouses hope through several processes: forming a human to human relationship, conveying acceptance and tolerance, and hearing and understanding. To inspire hope in suicidal patients, nurses must

authentically communicate care and concern for the patient with "unconditional acceptance and tolerance" (p. 616). They must also relate to patients that life still has value and worth. Finally, professionals need to build supportive environments where patients can openly and honestly share their thoughts and feelings, free of judgment. This space offers patients the opportunity to be heard and understood by another person. For Cutcliffe and Barker, the presence of another individual who demonstrates tolerance and caring practice appears to convey the relational qualities that have been acknowledged as ways to inspire hope.

However, despite Cutcliffe's emphasis on the importance of hope in nursing relationships, he strongly maintains that hope inspiration needs to be carried out subtly and implicitly, rather than explicitly. In his book "The Inspiration of Hope in Bereavement Counselling" (2004), Cutcliffe writes:

> Just as the interviewees in this study who use Rogers' (1952) person-centered approach to counselling would not be overt in saying, "I'm a warm person, I accept you". They would not similarly overtly say, "I am a hopeful person. There is hope for you. You can become more hopeful". (p. 48)

Warning against the use of hope explicitly, Cutcliffe suggests this practice may disrespect clients, generating "an imposition of the counsellor or therapist's view (and hope) onto the client" (p. 54).

Hope and Helping Professionals

The importance of hope within helping and therapeutic relationships is gaining credence within the research literature (Beavers & Kaslow, 1981; Dufrane & Leclair, 1984; Edey & Jevne, 2003; McGee, 1984; Morse & Doberneck, 1995; Snyder, 1995).

Most researchers would likely agree that to offer clients hope, practitioners must first possess and, ideally, understand it themselves. Hope scholars and researchers are beginning to examine how helping professionals experience hope (Bernard, 2000; Edey & Jevne; Frost, 2004; Janzen, 2001; Ruvelson, 1990; Shechter, 1990; Sutherland, 1993; Wilkes, 2002). Ruvelson writes on the importance of hope in the helping professions. Speaking from a social work-perspective, she proposes that therapists need to balance empathy for their clients' despair with a hopeful belief that clients can overcome their situation. To successfully achieve this balance, Ruvelson explains that therapists must first understand their own hope.

Edey and Jevne (2003), further support this notion, writing that in the context of counselling those with illnesses, hope is pertinent for both clients and counsellors. They describe hope, as potentially "the fuel that keeps the counsellor going" (p. 45). In their work training novice and experienced therapists in the intentional use of hope in counselling, they observe that therapists "found that their ability to work with these clients was enhanced when they consciously drew attention to hope" (p. 45). Similarly, Snyder (1995), another prominent hope researcher, contends that therapists who evaluate their own level of hope are concurrently assessing their ability to work effectively with clients.

Sutherland

Seeking to understand helping professionals' hope, Sutherland (1993) notes that much growth needs to happen in this area. In unstructured interviews, Sutherland asked seven psychologists to describe their subjective experiences of hope and their views on how hope manifests in clinical practice. Participants in her study describe the

phenomenon of hope as complex, dynamic, and elusive. One of the central themes emerging from her study is that hope is best understood within the context of adversity. When individuals feel threatened, they experience tension and fear rooted in the uncertainty of the circumstance's outcome. In that moment, individuals must choose whether to hold onto or abandon hope. These insights offer valuable reflections which may assist practitioners to understand their own hope when facing adversity. In turn, this understanding may allow practitioners to better support their clients, who often enter counselling facing adverse situations. Thus, maintaining hope while addressing adversity requires a dynamic interplay between therapist and client hope within the therapeutic relationship.

In her study, Sutherland (1993) emphasizes studying descriptive narratives of practitioners' lived experience of hope, rather than asking for simple definitions. Benzein and Saveman (1998b) concur with the idea and add "defining a concept is an exclusionary process, while describing a concept is inclusive" (p. 327). On the topic, White and Epston (1990) add this perspective: "Stories tend to be inclusive and as a result enrich people's lives, whereas explanations tend to be exclusive and to ignore those events beyond their purview" (p. 126).

Wilkes

Wilkes (2002) descriptively explores the phenomenon of hope from the perspective of six practitioners who work with survivors of sexual abuse and their perpetrators. Participants in Wilkes' study include a detective, a pastoral counsellor, a youth and family counsellor, a therapist, a treatment program team-leader, and a doctor. Qualitative semi-structured interviews and field notes are used to gather data.

Participants in Wilkes' (2002) study describe the origins of their hope in past, present, and future terms. Childhood and adolescence are depicted as formative times that influence the development of hope through hopeful models, environments, events, and symbols. All but one participant identifies an individual or individuals in their lives, either real or fictional, who model hopefulness for them. Each participant also speaks about particular places and spaces that kindle hope, including the gates to Jasper National Park or a special chair. Hopeful events include mainly simple, everyday occurrences, like jumping in a haystack. Finally, hope symbols are objects or actions that participants found particularly hopeful during childhood. For example, one participant reminisces about receiving a green bike as a hopeful experience because, for him, it represents independence and freedom.

Participants within Wilkes' (2002) study further describe a variety of personal and professional experiences that motivate them to remain hopeful. Within these experiences, the expectation of achieving a good, future outcome is emphasized. Drawing from hope frameworks by Stotland (1969), Dufault and Martocchio (1985), and Farran et al. (1995), Wilkes classifies participants' understandings of hope into three categories regarding their expectations of future outcomes: (a) doing, (b) thinking, and (c) feeling. To achieve future outcomes, participants engage in behaviours designed to reach their goals. Hopeful thinking includes changing perspectives and positive beliefs or thoughts. Feelings consist of both positive and negative emotions associated with participants' work with survivors of sexual abuse and their perpetrators, like disdain for government systems or feeling lucky to work with clients.

Bernard

In a single subject, in-depth case study, Bernard (2000) explores the personal and professional experiences of hope for one helping professional working in a domestic abuse shelter. In her findings, she separates the participant, "Sandra's", hopes into two main categories: personal and professional experiences. However, both Sandra and Bernard agree that these domains overlap and cannot be completely separated.

The idea that hope is a generative, renewing phenomenon permeates Sandra's account. For example, several of Bernard's (2000) themes include *Hope Creates Hope*, *Catching Hope*, and *Hope is Contagious*. "Hope begets hope" (p. 65) writes Bernard. Within these themes, there is the idea that hope can be shared. Hope is described as "a gift" (p. 66) that can be both given and received.

Bernard (2000) describes a number of factors that influence Sandra's hope. Her hope is impacted by witnessing changes, the availability of resources, working with intra/inter-agency teams, having her work validated, effectiveness of communication, and experiencing adversity. These areas are experienced at individual, organizational, and societal levels. For example, individual changes include seeing a mother begin to laugh with her child, whereas societal changes include moving towards a community that rejects violence. Possessing hope is viewed as a critical part of Sandra' work, which affects the individual, the team, and the clients. For Sandra, hope is maintained through individual factors (e.g., self-care), the working environment, and organizational factors.

Janzen

Janzen (2001) interviews seven helping professionals in a qualitative study examining experiences that influence their hope. The helping professionals in her study include social workers, a physician, a therapist, and front-line program coordinators/staff.

In the study, Janzen outlines four overarching themes, which overlap and interact with one another. The first theme, *Hope and Change* illustrates the link participants describe between hope and change, including hope as the possibility that people or situations can change. In the theme *There is Hope in Seeing the Bigger Picture*, she depicts the participants' openness to view challenges in life as opportunities to learn. Connecting with spirituality, finding meaning in the belief that their work makes a difference, and waiting for hopes to unfold characterize this theme. The third theme, *Paths to Hope*, portrays different sources where helping professionals find hope. Actively seeking hope, telling and hearing hopeful stories, and representing hope with symbols or metaphors are ways participants describe encouraging their sense of hope. Finally, *Hope is Influenced by Relationships* attempts to represent the role relationships play in participants' hope. Hope is impacted through participants' relationships with others, themselves, and government systems. These relationships influence hope both positively and negatively. This theme identifies giving and receiving respect, making connections, mentoring, outside systems, and self-care as ways relationships influence hope.

Summary of Hope and Helping Professionals

The number of research studies and peer-reviewed articles examining the importance of hope within helping relationships and helping professionals' experience of hope is growing. These studies begin to build understanding about the concept of hope for helping professionals and how it impacts their work. A common theme running through each of these studies is participants' perception of the centrality of hope in their ability to work with clients. These studies also highlight the rich diversity across individual accounts of hope, including varying descriptions of hope, perceived origins of

hope, experiences that motivate hope, and attempts to influence client hope. Finally, hope is considered valuable by professionals as a way to both sustain motivation and work effectively with clients.

Summary

Assisting women on parole/probation to successfully transition into the community possesses a number of potential variables for reintegration professionals to consider. Although women on parole/probation face a number of common challenges, including substance abuse, victimization, poverty, and a lack of adaptive coping mechanisms, professionals may offer hope by addressing these issues in practical and meaningful ways in their work with clients. A brief overview of the significance of hope in the human change process offers insights into how hope may influence change for women on parole/probation as they work with reintegration professionals. Similarly, the role of hope in enacting larger social changes is also acknowledged.

The construct of hope is described by hope researchers from differing disciplines in many overlapping ways. Common characteristics of hope include a future orientation, direction toward goal attainment, cognitive and rational processing, emotional experiencing, ways of behaving, spiritual connectedness, and interpersonal relationships. Snyder et al. (1991), Nekolaichuk et al. (1999), Dufault and Martocchio (1985), and Farran et al. (1995) propose influential models of hope utilized in many disciplines, including medicine, nursing, and counselling. Examining how the word *hope* and its variants are used in conversations, Eliott and Olver (2002) also offer practical insights into the use of hope for reintegration professionals. Within hope research, repeated findings indicate that hope is experienced within caring, respectful relationships,

including professional helping relationships. Finally, studies by Sutherland (1993), Wilkes (2002), Bernard (2000), and Janzen (2001) are examined in-detail as previous examples of how helping professionals experience hope in their work.

CHAPTER THREE

Methodology

Research is often undertaken when a desire or need exists for greater understanding of a particular phenomenon, experience or event (Crotty, 1998). The purpose of this study was two-fold. First, I sought an understanding of work-related hope from reintegration professionals working with women on parole/probation in the community. Second, I was interested in eliciting reintegration professionals' understandings of their clients' hope and how these professionals might describe attempts to foster hope with their clients. Accounts of hope from reintegration professionals were collected using in-depth qualitative interviews. The following chapter is divided into sections describing the theoretical framework underpinning this study, participant recruitment and selection, data collection, data analysis, ethical considerations, and evaluation of the study. Throughout this document, I refer to the researcher as "she" to represent my active presence in the research process.

Approach to the Study

When little is known about an area, qualitative research methods can be useful to describe, develop frameworks, and build theories that facilitate understanding of phenomena (Valle & King, 1978). Qualitative methods emphasize inductive exploration, description, and hypothesis building rather than testing concepts, hypotheses or theories (Elliott, Fischer, & Rennie, 1999; Merriam, 1998). The focus of this research was to gain an in-depth understanding of participants' accounts of hope in their work and their perceptions of hope for their clients. Comprehensively exploring this understanding required a flexible and responsive research methodology (Denzin & Lincoln, 2005;

Merriam, 1998). Qualitative inquiry offers ways to thoughtfully investigate uncharted areas of social life and present practical, new insights (McLeod, 2001). It aims to honour the contributions of participants and listen to the lived-wisdom they bring to the research inquiry.

McLeod (2001) specifies the primary goal of qualitative research as "develop[ing] an understanding of how the world is constructed" (p. 2). Accepting this paradigm recognizes the existence of multiple realities which are dependent on specific times and social contexts (Arvay, 2002). Qualitative methods allow a both/and perspective, which acknowledges multiple valid ways to interpret information (Elliott et al., 1999). Describing qualitative psychological research, Fischer (2006) states that qualitative inquiry examines the fundamentally unique characteristics of individuals' experience and activity. This seems especially relevant for counselling and helping-oriented research, where clients and professionals build therapeutic relationships, influence one another's behaviour, and develop shared understandings. In this study, participants were recognized as active, vital contributors who jointly elucidated understanding and constructed meaning with the researcher.

The Qualitative Research Paradigm

Crotty (1998) notes that the justification of choice and particular use of research methods reflects a researcher's assumptions about reality and probes her theoretical perspective. As qualitative researchers engage in the research process, from conceptualization to written document(s), they must continually question and clarify their worldviews (Crotty; Denzin & Lincoln, 2005; Guba & Lincoln, 1994). Crotty proposes a practical framework with which to approach the underlying philosophical and theoretical

underpinnings of qualitative inquiry. He recommends that researchers elucidate their approach to research by taking time to reflect upon (a) the epistemological stance, (b) the theoretical perspective, (c) the methodological framework, and (d) the chosen research methods they bring to their topic of study. A researcher's epistemology will enlighten her theoretical perspective, which guides her towards a methodology, and establishes the appropriate research methods to gather the data she seeks. The following sections outline my epistemological and theoretical perspective, as well as my chosen research methodology and data collection methods.

Epistemology

Social researcher Michael Crotty (1998) describes epistemology as "a way of understanding and explaining how we know what we know" (p. 3). A researcher's epistemology supports what she views as *knowledge* and the status that knowledge holds. For example, certain epistemological stances will accept an individual's subjective experience as a form of knowledge, whereas other stances will not. I take a constructionist epistemological stance, which asserts that "meaning comes into existence in and out of our engagement with the realities in our world" (p. 8). Hence, meaning is constructed, not discovered. Inherent in this belief is the understanding that people may construct meaning in different ways, even when considering the same phenomenon (Crotty). Consequently, the epistemological position I hold as a researcher influences the type of questions I ask, the ways I seek to answer these questions, the forms of knowledge I view as acceptable answers to my questions, and how I interpret the answers I find.

A constructionist stance is intrinsically multi-perspectival (Crotty, 1998).

Individuals' ascribe meaning to their lives and live by that meaning every day (Paris & Epting, 2004). However, that meaning "is constantly being negotiated within an ongoing relational process in which meanings are never, in themselves, *determinate*" [italics in original] (p. 12). This creation of meaning takes place within individuals' social context and is influenced by the laws, rituals, customs, and habits of their society (Harré, 1993).

Hope is most commonly understood as a product of individual perceptions, interpretation of circumstances, and social interaction (Bruininks & Malle, 2005; Eliott & Olver, 2002; Farran et al., 1995; Stephenson, 1991). Describing the ways hope may be viewed as an *orientation* or approach to life, Jevne (2005) writes:

> Not surprisingly, the uniqueness of life is not well suited to being defined as if it was devoid of variation. Efforts to standardize the meaning of hope places at risk the rich understandings available from individuals about their own lives. (p. 269)

In her illustration of individual orientations to hope, Jevne acknowledges that individuals personally create their own experiences of hope. Similarly, Eliott and Olver argue against the conceptions of *realistic* hope for cancer patients because the term fails to recognize that doctors and patients may take different perspectives on the same situation. Maintaining a hopeful attitude or approach to life may involve less about the actual circumstances and more of the individual's subjective interpretation of the situation.

For reintegration professionals working with women on parole/probation, maintaining a hopeful perspective could vastly change their interpretation of and approach to situations. For example, one professional could perceive the potential obstacles facing her clients, such as addictions, poverty, employment, and housing, and conclude that they are insurmountable. At that point, she may choose to give up due to

feelings of helplessness, frustration, and burnout. Another professional facing the same client circumstances could view them from a hopeful perspective. Instead of focusing on the difficulties her clients face, she envisions each challenge to be overcome as a step towards reaching her client's goals. For these reasons, studying reintegration professionals' accounts of hope from their work with women on parole/probation fits well within a constructionist paradigm. Rather than entering the research process looking for predetermined variables, this research was carried out in an exploratory manner that allowed for meaning and understanding to be co-constructed during data collection and data analysis.

Theoretical Perspective

Following with Crotty's (1998) framework, we continue from epistemology to identify a theoretical perspective for the study. Crotty describes theoretical perspective as "the philosophical stance informing the methodology" (p. 3) which provides both a context for the research process and a logic for the research methodology. Simply, the theoretical perspective brought to a study clarifies assumptions brought to the research process and lends coherence to the use of research methodology and methods.

Theoretically, this study drew upon the hermeneutic tradition, which is a form of interpretivism (Crotty, 1998; McLeod, 2001). Interpretivists propose that notions of reality are socially constructed, rather than objectively determined (Kelliher, 2005). Hermeneutics aims to understand the meaning of human experiences through the lens of history and culture (McLeod). According to Gadamar (1975), the act of interpretation always takes place from a position grounded in one's cultural and historical context. From this perspective, our past is joined with our present, which cannot be separated

from our history and culture (Elliott et al., 1999; McLeod).

The term *hermeneutics* is derived from the Greek word for interpretation (Crotty, 1998). A basic comprehension of hermeneutics is necessary to understand approaches to qualitative research, as the hermeneutic tradition informs various forms of qualitative inquiry (McLeod, 2001; Merriam, 1998, 2002). The notion of the hermeneutic circle or spiral is a key aspect of the interpretive process in many qualitative traditions (Crotty; McLeod), including this study. The spiral consists of a series of backward and forward arcs that explore the data from different vantage points. In each loop of the spiral, the researcher constantly moves back and forth between perspectives on the data, from the part to the whole and back to the part. New understandings gained from each, ever-widening loop in the spiral are built upon as the interpretive process continues. Crotty recognizes this movement and the researchers' prior knowledge and perceptions when he writes, "Understanding turns out to be a development of what is already understood, with the more developed understanding returning to illuminate and enlarge one's starting point" (p. 92). I acknowledge that my interpretations of reintegration professionals' accounts of hope are filtered through my cultural and historical understandings. Through my research journal, discussions with my supervisor, meetings with my research group, and continued qualitative readings, I sought to cultivate, explore, and explicate awareness of my cultural and historical understandings.

Methodology

Methodology is "the research design that shapes our choice and use of particular methods and links them to the desired outcomes" (Crotty, 1998, p. 7). This study utilized a basic interpretive approach to qualitative inquiry (Merriam, 1998, 2002), which fits

well within a constructionist stance. Basic interpretive studies typically seek to describe, interpret, and understand phenomenon (Merriam, 1998). Within a constructionist framework, I understood that professionals' experiences of hope could not be captured in their entirety, because the meaning participants generated from their experiences was constantly evolving. However, this study endeavored to describe reintegration professionals' accounts of hope, in order to offer new understandings which may inform the academic community and reintegration practices in the field.

Basic interpretive qualitative inquiry. Basic interpretive qualitative studies are the most frequent form of qualitative inquiry produced in the field of education (Merriam, 2002). Describing the main characteristics of basic interpretive qualitative inquiry, Merriam states that it delves into the ways participants interpret their experience, create meaning from their experience, and use these understandings to construct their world. Researchers who conduct this type of inquiry "simply seek to discover and understand a phenomenon, a process, or the perspectives and worldviews of the people involved" (Merriam, 1998, p. 11). The researcher is considered the primary instrument of data collection and analysis (Merriam, 1998, 2002), as all information pertinent to the study filters through her.

In basic interpretive qualitative inquiry, data are inductively analyzed by the researcher. Merriam (1998) describes coding as "nothing more than assigning some sort of shorthand designation to various aspects of your data so that you can easily retrieve specific pieces of data" (p. 164). While this definition makes the process sound simple, coding tends to require a great deal of time and effort. Data analysis typically results in the identification of recurring patterns or themes that encompass the data or potentially

outline a process (Merriam). However, sharing the constructionist stance, Merriam does not preclude the possibility that different themes or understandings could be generated by another researcher.

As a research methodology, basic interpretive inquiry provided an approach to this study that fit with my constructionist epistemology, explicitly acknowledged the interpretive nature of the research, and supported the data collection and analysis techniques I used to address the research questions. To my knowledge, qualitative inquiry into reintegration professionals' accounts of hope and their perception of hope for their clients had never been undertaken before. Therefore, my research was exploratory in nature. A basic interpretive approach facilitated my attempts to learn from the participants and generate descriptive themes which open the exploration of this topic.

The researcher as instrument. In a basic interpretive qualitative study, as in many forms of qualitative inquiry, the researcher is the primary instrument of inquiry (McLeod, 2001; Merriam, 1998, 2002; Mertens, 1998). Consistent with hermeneutic theory, the meaning derived from research data is understood to be socially constructed through the researcher's perspective on the world. Although qualitative researchers implement procedures to increase objectivity, like outlining presuppositions and practicing reflexively, the researcher's vital role in the co-construction of this research is acknowledged. In essence, as the researcher, I was the one who decided which questions to ask, when to probe, and what to record in my research journal and analytic memos (Mertens). My contributions, along with the participants' input, helped to shape the findings of this study. Qualitative inquiry acknowledges that maintaining a role of completely detached objectivity within the research process is impossible (Elliott et al.,

1999). Alternatively, qualitative researchers attempt to practice reflectively and raise awareness of their subjectivity in order to mediate and clarify the impact they have on their research.

Conducting this research study, I spent many hours reflecting upon my own prior understandings and life experience, including my previous work with women as a reintegration professional. As I laid the groundwork for this study in meetings with my supervisor and many hours of thinking, writing, and researching, it became clear to me that I was deeply and intimately embedded within this study. I understood that who I was influenced this study in unique ways. I chose this topic because of my prior knowledge and background. These prior experiences and understanding added to the passion I brought to studying this topic. Recognizing the embedded role I played as a researcher, I sought to practice reflexively. Reflexive practice emphasizes examining the importance of self-awareness, political/cultural consciousness, and ownership of one's perspective (Patton, 2002). Reflexivity involves continually questioning oneself and one's understanding, because "all understanding is self-understanding" (Schwandt, 1997, p. xvi). For example, my choice to write in the first-person voice illuminates my awareness of my role in this inquiry.

Personal introduction to the researcher. For over two years, I worked closely with women on parole and probation in several settings, including two community residential facilities (CRF), a multi-disciplinary out-patient forensic mental health clinic, and a community-based advocacy and support agency. I had the honour of sharing women's triumphs and struggles through the professional relationships we built. I observed that women who were more successful in their transitions usually had goals,

hopes, and dreams they were working towards. Commonly, it seemed that these goals included reuniting with their family, especially their children. During the autumn of 2003, I stumbled upon the Hope Foundation of Alberta's website. Reading about the work they conducted in the areas of counselling, education, and research, I had an "Aha" moment. For me, it seemed that hope was the vital piece of the reintegration process that I had been unable to name previously. That experience spawned my interest in the exploration of hope, especially in the context of women's reintegration.

Originally, I had planned to explore accounts of hope for women on parole/probation during their meetings with community-based reintegration professionals. However, after six-months of phoning agencies, hanging posters, and waiting, I had not received a single inquiry about the study. Although it was a huge blow to my own sense of hope, I chose to change thesis topics in October 2006. Knowing I still wanted to contribute to an area I felt very passionate about, I chose to focus my attention on reintegration professionals' accounts of hope in their work with women on parole/probation. Having worked as a reintegration professional, I understood that it was a demanding job. There were days I left the office and cried on my husband's shoulder about the injustices I could not fight. Other days, I would run around our small agency, knocking on my colleagues' doors to share an exciting piece of news. Reflecting on my own hopeful and hope-threatening experiences from my previous work, I felt renewed to engage in the current study. Contemplating my work with women on parole/probation, I wrote two poems that captured my experiences. The first poem illustrates how my hope was both threatened and maintained in my day-to-day work.

I hang up the phone.
Heavy head resting on my hand

Weary.
How can I do this?
How can I find what's not there?
Shelter, food, safety, purpose.
So many doors closed.
Her desperation and despair echo in my thoughts.
Why does this have to be so hard?

Exhale.
This is not the first, nor will it be the last time.
Try again.
I rise from my chair
Around the corner to see if anyone else has another idea.

The second poem represents the difficulty I felt sharing the complexity and depth of my work experiences with others.

Sunday morning
Safe, neutral questions.
"What do you do for a living?"

My answers feels thin.
They cannot capture the scope.
Convict.
Felon.
Prostitute.
Thief.
I punctuate with stories
Attempting to uncover the face under the label.

They ask the inevitable
"What are your success rates?"
I stumble
They might as well ask me to outline Quantum Theory.
I don't have stats.
I hold many stories in my heart
Not all glorious tales of redemption.
There was the time…
The one…
Success is more than a checkmark in a column.

I wonder
Are they thinking
"Bleeding heart".
"People should take responsibility for their actions".

It's so easy to say
When the mortgage is paid
The pimp doesn't knock on your door
The gnaw of the addiction is quiet.
I will hold Their stories in my heart and bear witness.

These poems illustrate my own experiences as a reintegration professional working with women on parole/probation.

My orientation to and understanding of hope grows and evolves dynamically. It is shaped by my life experiences, my family, my spirituality, and exploration of alternative conceptions of hope through the research literature and my conversations with others. Although hope is rarely explicitly acknowledged in everyday conversations, I believe that most people would share my belief that hope is important and previous research supports this. I believe hope is an essential part of contented living. For me, it provides the strength to carry through adversity. Even as I struggle, at times, to write this document, I am buoyed by my hopeful belief that I will one day hold the bound copy in my hands. One of the deepest wellsprings I draw my hope from is the Christian faith. The comfort and surety I possess from my faith in a loving God gives me the strength to overcome obstacles because I believe that there is a purpose to my life journey.

Method

To explore and begin understanding how reintegration professional described hope, I used in-depth, semi-structured interviews and my research journal. These methods were congruent with both my epistemological and theoretical perspectives and a basic interpretive qualitative methodology. The interview process exemplified the co-construction of knowledge and meaning that took place during the inquiry. As the participant and I conversed, we went back and forth attempting to verbalize complex

experiences, clarifying understanding, and asking questions. The research journal allowed me to explore and question my presuppositions, emerging understandings, and practice as a researcher. The research journal acknowledged my embeddedness within the inquiry and provided space to reflect on my impact on the research process. Both of these methods acknowledged the co-constructed nature of this study.

Data were collected from participants through in-depth, semi-structured interviews and a demographic information form. The research journal I maintained throughout the course of this study also recorded personal observations, emerging connections, and novel ideas that added to the data analysis process. Data were analyzed using thematic analysis (Braun & Clarke, 2006).

Participant Selection

Participants were selected using the complementary practices of purposeful and snowball sampling (Patton, 2002), because I was interested in gaining insight into the experiences of a specific population (Merriam, 1998). Patton describes the strength of the purposeful sampling technique:

> The logic and power of purposeful sampling lies in selecting *information-rich cases* for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry, thus the term *purposeful* sampling. [italics in original] (p. 230)

Examining cases with richness and depth offers insights and understanding, rather than empirical generalizations (Patton). In a study designed to explore in-depth the accounts of a specific population, it makes little sense to select participants randomly.

As the population of interest was relatively small, snowball sampling was also

used to recruit potential participants for the study. Snowball sampling involves asking participants if they know and would be willing to direct the researcher towards other potential research contacts (Morse & Richards, 2002; Patton, 2002). Snowball sampling recognized and utilized participants' expert knowledge of their field to find additional knowledgeable participants. Following research interviews, participants were asked if they knew anyone who might be interested in participating in the research that fit the study criteria.

I outlined four requirements for participant inclusion in this study. First, to participate in the study, professionals needed to work with women on parole and/or probation. Recognizing that staff turnover rates in front-line social work can be high, I also decided to include professionals who had discontinued working with women on parole/probation in the previous six months. This ended up being a salient selection criterion, as one potential participant and one actual participant had recently left their professional positions and moved into different fields. Some participants worked with other client populations in conjunction with women on parole/probation. For example, one participant also worked with males on parole/probation. During the interviews, I asked participants to limit their comments and stories to the women on parole/probation they worked with.

Second, participants in the study were required to have worked with women on parole/probation for at least eighteen months. Experience from volunteer, part-time, and full-time positions was allowed to meet this criterion. I believed it was important for participants to have work experience to draw from as they contributed to the study. Over the course of eighteen months, I presumed that participants would have faced a number

of client and professional obstacles and gained an in-depth understanding of the issues facing their clients. Once again, I chose not to make the time-requirement longer, because I recognized from my own work experience that staff turnover could occur frequently.

Third, participants whose professional role with clients emphasized support and/or advocacy rather than monitoring or correction were sought for this study. Similarly, reintegration professionals employed directly by the Correctional Service of Canada (CSC) were not eligible to participate. These two criteria included reintegration professionals, some employed by CSC, like probation officers, parole officers, and community residential facility (CRF) staff. I believed that correctional professionals were likely to develop qualitatively different working relationships, because clients understood that these professionals possessed the obligation and authority to re-incarcerate or deny privileges to clients. Hence, I believed that these differing relationships would create the possibility of significantly different accounts of hope for the correctional professionals and perceptions of hope for their clients. While I believe these correctional reintegration professionals' accounts of hope are also worthy of study, I chose to exclude this group due to my own time and resource limitations. It was also my understanding that correctional professionals may have more time limitations on client contact, and, hence, a less developed working relationships with clients than community-based professionals. For example, once a woman has reached her full parole completion date, she is unlikely to continue receiving services from her parole officer.

Participant Recruitment

Prior to recruiting participants for the study, I obtained approval from the Faculties of Education and Extension Research Ethics Board at the University of Alberta.

As the participant population for this study was quite small, I recruited potential participants by contacting agencies in two large Western Canadian cities that offered community-based, reintegration support services to women on parole/probation. After introducing myself and the study to the Executive Director of each organization, I inquired about the possibility of approaching staff who met the study criteria. If the Executive Director agreed, I contacted appropriate staff members, introduced myself and the research study, and inquired about their interest in participating. Executive Directors were never informed about whether their staff members ultimately chose to participate. Following each interview, I also asked participants if they would be willing to share the names of any colleagues who met the study criteria. Interested participants were emailed a copy of the Participant Information Letter (see Appendix A). Of the potential participants I contacted, only one did not respond. In addition, one potential participant responded several months after I completed the interviewing process. All of the other potential participants I approached agreed to participate in the study.

Basic interpretive qualitative inquiry generally involves smaller numbers of participants to allow for in-depth investigation of each case (Merriam, 1998). Studies based upon accounts from five or six participants are common. Five participants contributed to the current study.

Description of Participants

Participants in this study were five women who worked with women on parole and/or probation in a large Western Canadian city. The professionals included a counsellor, a chaplain, two community support workers, and a prison liaison. They ranged in age from twenty-four years-old to fifty-four years-old. Three participants

identified themselves to be of Aboriginal descent; two participants identified themselves as from Caucasian descent. At their highest level of education, two participants possessed diplomas in Social Work, one held a Bachelor's degree in Social Work, one held a Bachelor's degree in Criminology, and one participant earned two Master's degrees. Participants had worked with women on parole/probation between three and thirty-one years in a variety of capacities including volunteer service, with the Correctional Service of Canada, and in community-based agencies. One participant left her job five and a half months before the interview and was no longer working with women on parole/probation.

Data Collection

Data were collected from two key sources in the current study: in-depth research interviews and research journaling. Multiple methods of data collection can offer different viewpoints, bring clarity, and assist interpretation. In the interview, participants had the opportunity to share and describe experiences of hope in their work with women on parole/probation. The research journal offered space to reflect, ponder questions, examine my practice as a researcher, and conceptualize potential themes emerging from the data.

In-depth Qualitative Research Interviews

As previously described, data were collected from five reintegration professionals who worked with women on parole/probation or ceased working with this population in the previous six months. Individual interviews were the primary source for gathering data. I met with each participant in a quiet, private location of her choosing, often her office. After outlining the study, the participant's rights, and answering any questions, she was asked to sign an informed consent form (see Appendix B). Participants were then

asked to complete a brief demographic information form (see Appendix C), which also inquired about their employment and volunteer history working with women on parole/probation. Each participant was interviewed once. Interviews lasted between sixty and one hundred minutes. Each interview was audio-recorded using both digital and analogue audio recorders and then transcribed by the researcher. Following the data analysis and writing process, four of the five participants were sent a copy of the Chapter Four: Findings for their review. I was unable to contact the fifth participant. Each of the participants who reviewed the chapter responded via email that they were pleased with the chapter and felt it represented their experiences. None of the participants requested any changes to the document.

Over the last century, the conceptual understanding of the *interview* has changed a great deal, both in its practice and meaning as a methodological term (Fontana & Frey, 2005; Platt, 2002). Today, there are growing sentiments that interviewing is far more than a neutral exchange of questions and answers (Fontana, 2002; Fontana & Frey; Holstein & Gubrium, 1995). Qualitative interviews offer a remarkable opportunity for two or more individuals to engage in a collaborative process of exchanging ideas and building understanding that lead to a "contextually bound and mutually created story" (Fontana & Frey, p. 696).

In this study, the interviews aimed to explore and gather descriptive accounts from the participants to create an understanding of hope in their work and their perceptions of hope for their clients. As I spoke with participants on the phone and in-person before the interviews, one of my goals was to create a comfortable, secure space for them to share their experiences. I hoped to build rapport with them by being as open

and transparent, as possible, about my role as a researcher and my background in the field. I also sought to respond to participants' questions and address their concerns before and during the interview. Following the interview, I invited participants to contact me if any questions or concerns arose. None of the participants initiated contact with me following the interviews. After each participant completed her informed consent and demographic information forms, we began the interview process.

During the interview, I sought to follow the participant's lead and use unstructured questions and prompts which seemed relevant to each situation. However, guiding interview questions were also designed to focus the interview and the exploration of reintegration professionals' accounts of hope for themselves and their clients (see Appendix D). Participants often shared stories or examples from their work to illustrate their understanding of how hope was sought, found, supported, and threatened. Interview questions were guided by the researcher's personal experience as a reintegration professional, previous research on the experiences of helping professionals, and qualitative approaches to the study of hope.

As this study utilized a constructionist framework, the impact of the researcher, the participants, and the relationships between the two on the interview process was recognized. Similarly, Morse and Richards (2002) refer to the data collection process as *making data*:

> It helps to think of qualitative data as *made* rather than merely "collected". To speak of data as being "gathered" or "collected" is to imply that data preexist, ready to be picked like apples from a tree… This is not so with data. Qualitative researchers collect not actual events, but representations, usually reports or

> accounts of events. Talking of "collecting" data denies the agency of the researcher. [italics in original] (p. 87)

Hence, the interview process was viewed as a collaborative process where data were actively co-created between the researcher and the participants (Morse & Richards). The data were understood to evolve dynamically over the course of the interview. Inherent in this understanding was the belief that this study could not be identically replicated, suggesting that different researchers and participants could elicit novel results (Morse & Richards).

Research Journal

As a secondary source of data production, I maintained a research journal throughout the course of the study. Recognizing the importance and the impact of the researcher on the research study, I actively kept a journal that allowed me to reflect on the research process. Holstein and Gubrium (1995) strongly encourage interviewers to practice reflexively, examining not only *what* the interview accomplishes, but also *how* it is accomplished. Returning to the constructionist stance underlying this research, it is important to note and record how a socially constructed reality develops through the research relationship between participants and researcher. On this topic, Clandinin and Connelly (1998) contend that the researcher's journal can document the situation and the situational meanings shaped by the participant-researcher relationship. Similarly, McLeod (2001) also advocates for the use of research journals to "capture personal and intuitive dimensions of the process of 'meaning-making' as they occur" (p. 133). Throughout the course of this study, I sought to write regularly in my research journal. While I did not journal at scheduled intervals, I wrote whenever experiences salient to the

study occurred. For example, I intentionally set aside time after every research interview to write about my experience of the interview and any questions or hypotheses triggered by it. In the journal, I tried to record and process thoughts and ideas relevant to the topic I studied.

My research journal served several purposes. In the initial stages of this study, I used the journal to explore different ideas, research questions, and approaches to address these questions. Most of the time, I carried my research journal in my backpack, so that when inspiration struck while riding the bus or sitting in class, I could quickly jot down a note for later. As I read articles related to hope, qualitative research, experiences of helping professionals, and experiences of women in the legal system, I documented interesting ideas. Following each interview, I recorded my observations, developing understandings, further questions, and practices as an interviewer in my research journal. During interview transcription and analysis, I also regularly recorded questions, thoughts, and possible connections from the data.

Data Analysis

In qualitative research, data collection and data analysis are not mutually exclusive activities (Braun & Clarke, 2006; McLeod, 2001; Merriam, 1998). Essentially, data analysis begins with the first data collection activity and remains an ongoing process (Lincoln & Guba, 1985). Often, interviewers gain a developing awareness of connections and commonalities during the interview process (Rubin & Rubin, 1995). I personally transcribed each interview to enhance my familiarity with the data. After transcribing the interviews, I read the transcript while listening to the audio recording to verify its accuracy. Transcripts were then read and reread to gain a sense of the interview in its

entirety before coding individual segments.

Thematic Analysis

Braun and Clarke (2006) view thematic analysis as a fundamental method in qualitative data analysis. Thematic analysis is "a method for identifying, analysing, and reporting patterns (themes) within the data" (Braun & Clarke, p. 79). "Thematizing meanings" is one of the few practices that spans the breadth of qualitative analysis (Holloway & Todres, 2003, p. 347). At minimum, a theme describes and organizes an observation (Boyatzis, 1998). At maximum, themes may interpret aspects of the observed phenomenon. Merriam (1998) describes these two levels as "identifying information about the data and interpretive constructs related to analysis" (p. 164). In the current study, lower order themes, like sub-themes, tended to be descriptive. However, higher order themes, like the overarching theme of the study *Maintaining a Hope-Seeking Orientation,* involved more researcher-interpretation based on participant descriptions. To identify themes, researchers must possess openness and flexibility to perceive potential patterns in the data (Strauss & Corbin, 1990). They must also possess relevant knowledge about the area under examination and the ability to organize patterns into a usable system (Boyatzis).

From a constructionist perspective, accounts of themes *emerging* or *being discovered* deny the active role of the researcher in the analytic process (Braun & Clarke, 2006). Rather than simply *finding* patterns, researchers work with the data to *create* believable themes, grounded in the data, themselves. "If themes 'reside' anywhere, they reside in our heads from our thinking about our data and creating links as we understand them" (Ely, Vinz, Downing, & Anzul, 1997, pp. 205-206). Thematic analysis began as I

began to notice commonalities and interesting events during data collection (Braun & Clarke).

Merriam (2002) writes that, "The analysis of data involves identifying recurring patterns (presented as categories, factors, variables, themes) that cut through the data" (p. 38). Braun and Clarke (2006) propose a six-step outline for systematically conducting thematic analysis. I utilized this approach during data analysis. First, I familiarized myself with the data. This activity involved transcribing interviews, reading and rereading the data, and recording initial impressions. Next, initial codes were generated that identified interesting, relevant features in a systematic manner, across the interview transcripts. Third, I began searching for potential themes by collating codes into relevant groups. At that point, I began seriously meditating on "the relationship between codes, between themes, and between different levels of themes" (Braun & Clarke, p. 89). Fourth, potential themes were reviewed to ensure they possessed adequate support from the data. Some overlapping themes were combined into a single theme. Other complex themes were broken down into separate themes. Once I felt confident in the strength of my themes, I returned to the interview transcripts to re-code any data which fit within the themes that were missed initially. Fifth, themes were defined, refined, and named for clarity and descriptiveness. Finally, I produced a written document that offered the opportunity to select vivid and compelling excerpts that elucidated each theme well and, where relevant, was related to existing scholarly literature. My first attempt to create a meaningful framework for the themes did not seem to create a strong conceptual understanding of the material. After reengaging with the data and consulting with my supervisor, I was able to generate a second stronger organizational framework which

categorized themes into a hope-related orientation, beliefs, processes, and practices for the professionals in this study.

Thematic analysis was aided by the use of the ATLAS-ti™ computer-assisted qualitative data analysis software (CAQDAS). Qualitative software assists with data storage, coding, retrieval, comparisons, and linking (Patton, 2002). However, Patton is adamant that people carry out the work behind data analysis, not computers. I found the ATLAS-ti™ program helpful for easily recording, organizing, and comparing codes. When developing themes from the codes, I found it more helpful to work on paper.

To determine the efficacy of themes, Merriam (1998) proposes five guidelines. First, themes should answer the research question and *reflect the purpose of the study*. While generating themes, I sought to use the participants' actual language to represent their accounts. Next, all data considered relevant to the study should be included in the themes, making them *exhaustive*. All of the codes generated during analysis were grouped into categories that comprised the themes and sub-themes. Third, themes should be *mutually exclusive*, meaning each category captures a unique idea or process that is not part of any of the other themes. I found this criterion more difficult to achieve during data analysis because many aspects of participants' accounts were related or overlapped. However, I sought to create themes which were as distinct, as possible. Additionally, names of themes should *sensitize* the reader to their meanings. When labeling themes, I tried to ensure that their central characteristic was easily distinguished. Finally, themes should be *conceptually congruent*, where all themes are characterized by the same level of abstraction. For example, the themes and the sub-themes comprising the themes were considered at different levels of abstraction. Sub-themes in this study tended to be

descriptive, whereas themes were more interpretive. With these step-by-step guidelines, data analysis may seem straightforward and orderly, however, "analysis is not a *linear* process... it is more *recursive* process, where movement is back and forth" [italics in original] (Braun & Clarke, 2006, p. 86).

Ethical Considerations

Canadian Code of Ethics

The Canadian Code of Ethics for Psychologists (Sinclair & Pettifor, 2001; Truscott & Crook, 2004) clearly outlines the ethical principles, values, and standards of practice for professionals practicing in the field of psychology, including researchers. While I aspire to uphold all the principles of the Code, there are specific ethical standards that merit particular consideration, specifically informed consent, anonymity, and confidentiality.

Informed Consent

Participation in this study was completely voluntary. Participants were informed that they could withdraw statements, refuse to answer questions or terminate participation at any time without explanation or penalty. Informed consent included both verbal and written components explained to the participants by the researcher. As informed consent is a process, not simply an event where individuals' sign a form (Sinclair & Pettifor, 2001; Truscott & Crook, 2004), opportunities were presented for participants to continue participation or cease their involvement at several stages throughout the research process, including during telephone calls, interviews, and upon review of the Findings chapter. To facilitate the informed consent process, both the purpose and process of the study were explained to potential participants before they chose to take part. Throughout the research

process the participants' questions and concerns were carefully and thoughtfully addressed.

Anonymity and Confidentiality

Every effort was made to maintain participant anonymity and confidentially. Identifying information (e.g., names, specific agencies) were not attached to participant data. Instead, a coding system was used to organize the audio-recorded and transcribed material. In this written document, pseudonyms were used and identifying information, including names, organizations, and potentially recognizable details, was removed. During the interviews, several participants shared identifying information about collateral parties (e.g., family members and clients). When this occurred, I removed names and easily identifiable details during transcription to protect the anonymity and confidentiality of the collateral parties.

As the number of community-based reintegration professionals, even within a large city is small, each participant was not described individually to prevent identification. Instead, an aggregate job description (See Chapter Four) and a composite description of participants were created to protect participants' confidentiality. Similarly, quotes from the one participant who no longer worked with women on parole/probation were changed from the past tense to the present tense to prevent her from being easily identified. Confidentiality was also maintained by storing all records and data securely.

Evaluating the Study

Qualitative researchers have experienced difficulty assessing the quality of such research, as there is no consistent set of criteria with which to judge qualitative studies. Multiple approaches have been suggested to assess the attributes of qualitative studies

(Elliott et al., 1999; Lincoln & Guba, 1985; McLeod, 2001; Merriam, 2002). When determining quality, Merriam suggests that the research question must be able to be appropriately addressed using qualitative methodology. She also maintains that the research question should possess some significance and be embedded within the literature. Lincoln and Guba propose principles for achieving the principle of *trustworthiness*, which involves criteria for establishing standards of credibility, transferability, dependability, and confirmability.

To offer guidance in the review of qualitative research, Elliott et al. (1999) created an evolving set of publication guidelines. McLeod (2001) describes the development of these guidelines as an "extensive consultation process across various professional groups, [that] represents the current consensus over what constitutes good practice in this field" (p. 185).

Elliott et al. (1999; McLeod, 2001) begin their discussion of publication guidelines by highlighting standards shared by both quantitative and qualitative traditions. These guidelines include (a) explicit description of the scientific context (e.g., within existing research literature) and intended purpose of the research, (b) choice of appropriate research methods, (c) respect for participants, (d) specification of methods, (e) appropriate discussion of data and their relevance, (f) clarity of presentation, and (g) contribution of knowledge to the academic community.

In the following paragraphs, I outline Elliott et al.'s (1999) seven, separate guidelines to specifically address the attributes of qualitative studies and how these have been addressed in the present study. First, the author must *own her perspective* and explicate her values, interests, assumptions, and the roles these play in interpretation. I

sought to meet this criterion by delineating my epistemological stance and theoretical perspective. Similarly, introducing myself as a researcher, including my background with the participant group, was also intended to educate readers about the prior understandings I brought to this study. Second, participants should be adequately described by *situating the sample* so that their suitability for participation in the study can be determined. To fulfill this criterion, I have described participants' client population, working context, and demographic information.

Third, excerpts from the data need to be *grounded in examples* so that readers can verify the researcher's interpretations. Throughout Chapter Four: Findings, participant quotes are utilized to illustrate the themes I generated from participant interviews. In Chapter Five: Discussion, quotes and examples are occasionally used to illustrate parallels from the current study with existing research literature. Fourth, the researcher should *provide credibility checks* to evaluate the themes created in the research. Over the course of this study, I tried to employ credibility checks by eliciting comments from participants through their review of Chapter Four and by obtaining feedback from my thesis supervisor, an experienced qualitative researcher. Fifth, the document should maintain *coherence* throughout, while representing both the parts and the whole of the data. In this study, I attempted to create a coherent organizational framework to represent themes regarding participants' orientation, beliefs, practices, processes, and challenges in relation to hope. Sixth, Elliott et al. (1999) encourage researchers to specify whether they seek to *accomplish general versus specific research tasks*. Because I interviewed a relatively small number of participants and delimited the focus of interest (i.e., community-based reintegration professionals working with women on parole/probation),

the goal of this study was specific, rather than general. I do not claim that these understandings are generalizable beyond this sample. Rather, I hope that the findings may offer some interesting possibilities and understandings for reintegration professionals and stimulate further exploration of hope in this context and related areas. Finally, the researcher should present the gathered data in ways that *resonate with readers'* understanding of the topic. Opportunities for feedback on the descriptions and themes from this study came from participants' review of Chapter Four, my thesis supervisor, and finally, the defense committee members who examine this document.

Summary

In this study, qualitative inquiry was used to seek an in-depth understanding of participant accounts of hope in their work and participant perceptions of hope for their clients. Utilizing Crotty's (1998) practical framework, I sought to explicate my philosophical and theoretical understandings, including the epistemological stance, theoretical perspective, methodological framework, and research methods that I brought to this study. Participant characteristics were described, followed by descriptions of participant selection and recruitment. In-depth, semi-structured interviews and the researcher's journal were used to generate data for this study. Data analysis was guided by Merriam's (1998, 2002) basic interpretive qualitative methodology and thematic analysis techniques. Ethical considerations focusing on the Canadian Code of Ethics for Psychologists (2001) were discussed with specific reference to their application in the current study. Finally, Elliott et al.'s (1999) approach was offered to assist with the evaluation of this study.

CHAPTER FOUR

Findings

Five participants shared their accounts of hope in their work through their personal and professional stories, observations from their work experience, and their thoughts on the subject of hope. Themes and sub-themes were created from the participants' interviews to describe common elements amongst accounts. An overarching theme representing participants' view of hope in their work, *Maintaining a Hope-Seeking Orientation,* is shared first in this chapter. Next, themes that focus on beliefs, processes, and practices that foster work-related hope for the reintegration professionals in this study are outlined. Finally, the thematic analysis focuses on challenges to hope in reintegration work as identified by the participants.

The findings in this section are presented from the perspective of the participants. Often, participants shared their beliefs and perceptions about how the women on parole/probation they worked with experienced hope. While this is very valuable information that elucidates how professionals view hope, it is important to note that these themes account for the participants' own experiences of hope and may not represent the actual experiences of women on parole/probations. In the sections where participants describe hope for both themselves and their clients, participants are typically described first followed by participant perceptions of clients.

Aggregate of Work Description

To protect the privacy, anonymity, and confidentiality of reintegration professionals in this study an aggregate description of the participants' job descriptions was written. The number of community-based reintegration professionals who worked

with women on parole/probation in the city where data was collected was small. I created an aggregate work description to ensure participants could not be easily identified. Participants were asked to select pseudonyms to mask their identities. They pseudonyms were Ursa, Ann, Maya, Emily, and Roberta. I chose two of these pseudonyms, one upon the participant's request and the other because I could not contact the participant. Finally, quotes from the participant who no longer worked with women on parole/probation were reframed in the present tense to protect her identity.

To better understand participants' accounts of hope in their work, it was helpful to appreciate the context of their employment. Participants described their jobs as consisting of a wide variety of support activities. In one-on-one meetings, reintegration professionals offered counselling, assistance with goal setting, and community resource referrals. Participants often described advocating for client rights, including activities like backing a client to enter a program, ensuring important paperwork was completed promptly, and educating community members about issues facing women on parole/probation. Facilitating psycho-educational group programs, like violence prevention, for women on parole/probation was also mentioned by two participants. All of these activities were intended to assist women as they transitioned from a correctional facility back to the community. Participants in this study often worked with women on parole/probation prior to their release from a correctional facility, while they transitioned into the community, and if they returned to correctional custody. The length of time participants worked with individual clients varied greatly. Sometimes, participants had only one or two meetings with a client. With other clients, participants formed working relationships that lasted, on and off, for years.

Introduction to the Themes

Conversing with the participants in this study was not only professionally and academically enriching and informative, it also offered me an opportunity for profound, personal growth. I was deeply impacted by how thoughtful, authentic, and candid participants were in their interviews with me. Talking about the women on parole/probation that they worked with, each participant spoke with deep respect, caring, and protectiveness about her clients. Reflecting on a particularly powerful interview, I journalled, "Knowing that women on parole and probation have such honourable and compassionate professionals to work with gives me hope for [the women's] future". In each interview, I was struck by the strengths-based and resource-focused perspective these professionals brought to their work.

Hope was easily and readily discussed by the participants. While I anticipated that participants would speak about hope in this research, I did not predict its prominence in their stories. Through the interview and analysis process, I understood that hope appeared to form a worldview, or at least a pervasive *workview*, that framed the work experience of the participants in this study. The first theme in this study *Maintaining a Hope-Seeking Orientation* reflected this understanding, and, in some sense, encompassed the major themes that followed. For participants in this study, *Maintaining a Hope-Seeking Orientation* may have been the response to an implicit question which asked "How do these reintegration professionals view their work?" The following table outlined the themes and sub-themes that served as research findings in this document:

Table 1

Themes and Sub-Themes Generated From Participant Interviews

MAINTAINING A HOPE-SEEKING ORIENTATION	
THEMES	SUB-THEMES
Maintaining a Hope-Seeking Orientation	Life is a Journey Hope Maintained Through Perspective on Life Hope Maintained by Having "Down to Earth" Expectations Finding Hope is a Skill That Can be Learned
SUSTAINING HOPE AT WORK	
Beliefs that Sustain Hope at Work	
Success and Failure are Steps on the Journey	Small Successes Perspective Fosters Hope Searching for Hope Failure Is Not The End
Clients Can Change With Support	Clients Have the Strength to Change Support is Vital to Reintegration Hope is a Resource
One Person Can Make a Difference	Professionals Make a Difference Clients Make a Difference
Everyone is Deserving of Respect and Hope	Professionals Respect Clients Clients' Hope Supported by Respect
Hope is Always Available	Hope is Always Available Hope is Necessary
Hope Helps People Carry On	Hope Helps in Difficult Situations Hope Motivates
Processes That Sustain Hope at Work	
Hope Maintained Implicitly and Explicitly	Hope Used Implicitly Hope Used Explicitly
Practices That Sustain Hope at Work	
Hope Sustained By Recognizing Possibilities and Options	Hope Sustained By Recognizing Possibilities and Options Clients Hope for Possibilities
Hope Sustained Through Relationships And Support	Supportive Relationships Maintain Hope Participants Hope to Build and Maintain Relationships
Self-Care Sustains Hope	
CHALLENGES TO HOPE AT WORK	
Hope Challenged by the Perception of Limited Possibilities and Options	
Hope Challenged by Lack of Relationships and Support	

Hope Challenged by Circumstances Out Of One's Control	

Participants' Descriptions of Hope

Near the end of each interview, after discussing hope in-detail for at least an hour, participants in this study where asked for their personal definitions of hope. Participants characterized hope in unique ways, with some overlapping elements. Ursa and Ann spoke about hope as a present-oriented phenomenon. Whereas, Maya and Roberta discussed hope in future-oriented terms. Emily presented multiple depictions of hope that used both present and future-oriented language.

Ursa's description of hope seemed to emphasize caring relationships, connectedness, and spirituality. After taking some time during the interview to contemplate the question, she responded:

> I think feeling good and having a place in the world that's healthy, where you belong, [and] where the Creator has decided that you belong. And people being kind to each other. That's hope in a huge way. That everybody's kind to each other, everybody feels together, like there's a sense of togetherness and everybody's a family.

Ann seemed to underscore that hope was necessary for both life, in general, and her work. As hope was central to life, she emphasized that it must be shared with others. Ann's description of hope also incorporated the importance of relationships and a belief in human goodness. She articulated:

> It's what keeps me alive. I don't know how else to put that. What it means to me is that, I couldn't do this work if I didn't believe in people's ability to be good

> people… It just means it's what life is about. [It] is about hope and spreading hope and encouraging that and not taking it away from people.

Maya's description of hope was simple, yet powerful: "That I or anyone else can become who [we were] created to be". Maya's depiction of hope seemed to reference individuals' ability to realize their potential and find purpose and meaning in life. Emily offered two descriptions of hope over the course of the interview. She began with the statement, "I've said 'believe' a lot and I think believe and hope for me, kind of, coincide. If you believe in someone, you have hope, right?" Emily appeared to present the idea of confidence in the midst of uncertainty. When she *believed* in someone, she did not know the outcome, but she could hope that it would be good. Finally, specifically discussing how reintegration professionals' used hope in their work, Emily stated, "I think sometimes [hope]'s ingrained, so it just happens, without actually thinking about it". Her final comment appeared to reference how hope was subtly intertwined, yet active in her work. Like Maya, Roberta also connected the idea of hope with achieving personal potential. She also appeared to incorporate hope with the presence of possibilities and the anticipation of a good future: "Hope is when we see possibilities. When we see potential in ourselves. When we see potential in others. When there's a greater good. When we can envision happiness". The varying ways participants in this study depicted hope seemed to attest to the idea that hope was a personal, subjectively experienced phenomenon.

Maintaining a Hope-Seeking Orientation

The first theme, *Maintaining a Hope-Seeking Orientation* related specifically to the worldview these reintegration professionals appeared to bring to their work. A worldview could be defined as an individual's or a group's set of presuppositions about

the basic makeup of the world (Sire, 2004). As I spoke with participants about their work, I began to understand their hopeful approach as a general orientation or worldview which they brought to their work. It involved the way these participants saw and oriented themselves toward their work.

Life is a Journey

The job duties of reintegration professionals in this study were described as very challenging by participants. They spoke about how they could not predict what each day would hold. One day they could have received news that a client was accepted into an educational program or secured affordable housing, potential signs that a client was successfully transitioning into the community. On another day, participants might have been bombarded by phone calls about client suicides, addiction relapses, or returns to prison. During the interviews, participants described this process of ups and downs over time as a journey they traveled together with clients.

Speaking about journeys, paths, and walking together was a common way participants described the working relationships with clients. The Journey metaphor seemed to add a relational aspect to the participants' work. Maya illustrated this simply: "My job is to journey with them". Journeying denoted travellers who kept company, waited, assisted each other, collaborated to overcome obstacles, and celebrated victories together. The relationship built between participants and clients allowed participants the opportunity to observe change as it slowly unfolded in clients' lives. Describing the process women on parole/probation went through over the course of the working relationship, Ursa offered:

[Working with women on parole/probation] is quite the journey. When I see

> women when they first come to prison when they're sentenced, [then] the programming that [we] do... Then preparing for their release, and then working with them in the community.

She likened the process of working with clients as a journey which took time to accomplish. Ursa's journey with clients often entailed many steps, typically beginning in the correctional facility and eventually ending after her clients returned to the community. The step-by-step nature of the journey seemed to add to the clients' growth and strength. Most participants had long term working relationships with clients, often lasting years. Seeing lives change and small successes accumulate over time appeared to be a wellspring of hope for participants.

Viewing life as a journey seemed to offer a hopeful stance for these professionals because they recognized that their journeys with clients were ongoing and uncompleted. Even during difficult times, such as addictions relapses, participants remembered good times in the past and looked forward to positive events in the future. Describing the ups and downs which often occurred during life's journey for women on parole/probation, Maya stated:

> I get the privilege of having been around with them enough to have seen the worst, in some cases, and to be able to, either to have seen the worst and to affirm the hope of this continuing, healing journey. Or to have seen the best. And they're sitting in front of me feeling the worst and able to say "Remember when you were going to your meetings? When you had done treatment?... You told me then that you were feeling lots better about yourself and things were going better. That place is still a place that you know how to go to".

Being able to share another perspective when clients struggled allowed participants to hold onto hope for both clients and themselves. Like an experienced guide extending a hand to a weary traveler, professionals could point backwards to the peaks clients had already climbed and the valleys they traversed together. Knowing that peaks and valleys were inevitable in life seemed to support participant hope, which participants then tried to impart to clients.

Participants also gave the impression that it was important to share this Journey perspective with clients. Ann shared her belief that viewing life as a journey was helpful for clients when she offered, "My hope for them is that they learn that for every stress they have, every step they take, that it's part of that journey of getting to where they wanna be". Maya also believed her clients could see small changes by viewing life as a journey: "It's the growing ability to realize that the healing journey that they're on, very slowly but concretely does make a difference, in terms of being different and better".

Hope Maintained Through Perspective on Life

Having a hopeful perspective appeared to allow participants to cope with the challenges of their job by recognizing that hope intermingled with sorrow in life. Instead of focusing solely on life changing successes or transformations, participants used their hopeful perspective and found a multitude of seemingly simple glimmers of hope, everyday. "There's lots of little things that give me hope" Emily stated energetically. Similarly, Roberta mentioned that she saw hope in, "Just the small things too, the small victories". Searching for hope in every situation seemed to help participants cope with the potentially defeating or overwhelming circumstances that faced clients.

Changing perspectives on a situation held promise as participants considered their

own sense of hope when facing difficulty with clients. Emily described the impact that taking another look at a situation had when she stated, "I think it's hope-rebuilding and just my self-care as a worker. Just needing to reassess the situation". For Ann, looking at situations differently could also impact client hope: "It is a change of perspective" she began. Recounting a previous conversation with a client, Ann shared the way she tried to highlight hope: "It's 'Yeah, this has gone wrong. This has gone wrong. Yeah, your dog died. But did you use?' 'Well, no, I didn't'. 'Wow'. You know, it's finding that little piece and honouring it". Despite the difficulty of her client's situation, Ann reframed the circumstances to pick out small pieces of hope for both her and her client to share. Later commenting on the story, Ann shared how she used this approach to honour the reality of her client's situation, while also showing how changing perspectives could uncover hope. Maya also discussed the idea of finding hope intermingled with the pain of life by switching viewpoints and sharing it with clients. She offered:

> I call us "Rainbow People". That at any one given time we're not all black or we're not all yellow, we're not all blue. And so part of helping someone articulate hope is helping them when they're feeling black and purple and blue, to see that yellow and green and red are still happening in different places in their life.

For the reintegration professionals in this study, actively seeking hope in difficult situations seemed a valuable way they maintained a hopeful outlook in their work.

Participants' shared several simple strategies they used to support their hopeful perspective. Several participants identified how working with women on parole and probation made them grateful for the blessings they had in their own lives. For Emily, simple blessings included, "Being with family and friends and appreciating what I have

and what's been given to me". Later, she elaborated by saying, "I think for me, just appreciating what I have and staying grounded in that way helps me to keep hope". Ann also expressed gratitude for the lessons she learned from her clients and the opportunity to share these lessons with others: "I'm grateful that they've shared those things and that I can pass some of what they've taught me on". Other practical ways participants supported their hopeful perspective included having a sense of humour, creating simple, concrete successes (e.g., completing a row of knitting), and being aware of the difference they made in the lives of the women with whom they worked.

Finally, participants shared how much they enjoyed working with women on parole/probation. "I really enjoy my job. I enjoy working with the women" professed Ursa. Even while speaking about the challenges inherent in their work, participants often ended with statements about how fulfilling, meaningful, and satisfying their work was. Ann looked at her job from the point of view, "It's an honour to do the work" and Ursa added, "It is probably the best experience of my life". As I reflected on the work of these participants, it seemed that participants had the option to approach their work as draining, frustrating, and problematic; however, participants created the impression that they viewed their work as a gift.

Hope Maintained by Having "Down to Earth" Expectations

Despite looking for hope in every situation, participants expressed very down-to-earth perspectives on reintegration work and the lives of their clients. Each participant spoke at length about the challenges women faced while reintegrating back into the community and the difficulties of working with this population. However, professionals in this study often ended their conversations about these challenges with the ways that

they were inspired to continue working in this field. Maya talked about the idea that everyone, regardless of their background, faced challenges. As she put it, "It's those kinds of barriers that all of us have". For her, it appeared that overcoming obstacles was a natural, necessary part of life, experienced by all. She held the expectation that part of life included encountering difficulty. Roberta also expected setbacks to happen during the reintegration process:

> We need to, often if they have made a mistake, rebuild on that hope. In terms of relapse [it] is a part of the addiction process, right? We expect relapse. So we have to make sure that doesn't diminish our clients' hope, and make sure it doesn't affect our own.

Instead of viewing a relapse during addiction recovery as an end, Roberta viewed it as part of the process of working towards recovery. Both of these perspectives seemed to help participants take challenges and setbacks in-stride.

Most participants also expressed a down-to-earth understanding that there would likely be times when clients lost hope. While participants hoped for the best for clients, these professionals recognized that obstacles and setbacks were inevitable in life's journey. Although participants commonly described themselves as feeling hopeful for clients, participants also acknowledged that clients may have struggled to feel hopeful, at times. Sharing about her seemingly consistent sense of hope for clients, Ursa admitted that her clients may not have always felt the same way: "I always feel hopeful for the women. But I don't know if I could say that for the women themselves, if they don't lose hope sometimes". Emily echoed this observation, "There are many women that I run across that don't feel hope in their situations". As did Roberta: "There have been

instances when clients have said 'This is hopeless'". Despite these times of low hope, participants continued working with women on parole/probation, supporting clients through difficult times, and collaborating to find hope again.

Although each participant adamantly stated her conviction about the importance of hope for herself and her clients, participants admitted there were times when hope seemed problematic. Participants' main concern about using hope with clients appeared to be fear of disrespecting clients' experiences of suffering and hardship. Jokingly, Maya referred to hope as, "The old four letter word". Throughout the interview, Maya emphasized that while she believed hope was vitally intertwined with her work, she also believed that using the word *hope* could sometimes be problematic for clients who were struggling. Ann echoed this point when she shared, "Sometimes to say *hope* at a certain place in a person's healing can be difficult to accept". She also expressed, "It can sound very shallow and hollow to say, 'There's hope around the corner'". Inherent in participants' concerns was the idea that hope needed to be shared in a way that honoured client experiences. Another issue Roberta noted while working with hope was that there were times clients used the term *hope* as something they simply wished for: "But it can also be a bit of a crutch. So, 'Things aren't going well for me right now, but there's always hope' so, you know, a bit of a crutch". Instead of actively striving to change the situation, clients waited passively for the object of their hope to come to fruition. Instead of this passive orientation to hope, participants seemed to support the development of an active hope orientation with clients. This orientation was intended to promote clients' belief in the possibility of a better future. Additionally, this orientation was also intended to actively encourage clients to strive for a future in which they could envision

themselves participating.

Finding Hope is a Skill That Can be Learned

In terms of sustaining their own hope, participants also talked about finding and utilizing hope as a skill that took effort. "I think keeping hope, as a worker in this field, takes work. It isn't just there" remarked Emily. Maya noted that not all reintegration professionals who worked with women on parole/probation shared this hopeful perspective:

> I see people in the field who burn out really easily, because they're either not able to seek or find hope within themselves. Or they're not able to be aware, or could care less about being aware, of moments of hope in someone else's life.

As is apparent above, Maya seemed to connect the lack of a hopeful perspective with increased professional burnout. However, after practicing from a hopeful perspective for so long, she found that it became an ingrained way of thinking and acting instead of a decision: "As I'm listening to myself I'm thinking 'Golly, I've been living like that for quite a while now'. So it's probably becoming a characteristic of me". Like any skill, it seemed that recognizing and using hope may have become easier with practice over time.

Participants described finding hope as a skill both they and their clients could learn. Roberta highlighted this idea for her clients: "I believe it's a skill for them to see hope in themselves and to know that their future belongs to the choices that they make and to see that they have control over their own personal choices". As a skill, looking at life from a hopeful perspective could be learned over time. Even if clients had trouble finding hope in life initially, eventually they could learn how to discover hope and act upon it. Several participants theorized that at the beginning of reintegration planning,

clients drew most of their hope from external sources, like reintegration professionals, family, or employment. Roberta described it this way, "Often they don't have the skills or the means or the history of building hope in themselves, for themselves. So they really need to suck that in from their surroundings". Over time, however, women on parole/probation could learn to support their own hope. Ann spoke about watching her clients face challenges during the reintegration process and clients choosing to maintain the hopes built during incarceration: "All your hopes and dreams and all that momentum that you're building in the Institution to come out, it can be difficult. That's where it goes inside, that person goes inside to look at 'Well, so what, I'll keep moving'". Ann described seeing clients build up hopes for life after their eventual release while they were still incarcerated. However, she noted that clients must choose to hold onto these hopes when they confronted obstacles. Ann described the ability to make this choice arising from an inner resource or strength.

Sustaining Hope at Work

Exploring how reintegration professionals sustained hope in their work, three distinct categories were created from participant accounts. First, participants shared a number of personal and professional beliefs that helped them to maintain hope in their work. Second, two processes were identified through which hope was sustained. Finally, three distinct sets of practices were mentioned which participants believed supported hope both in themselves and clients.

Beliefs That Sustain Hope at Work

Participants shared six important beliefs that helped them to sustain hope in their work and contributed to *Maintaining a Hope-Seeking Orientation*. In this project, these

beliefs were conceived as understandings that supported the professionals' overarching hopeful perspective towards their work. To use a metaphor, *Maintaining a Hope-Seeking Orientation* could be viewed as a pier that stretched out into the ocean. Standing on the pier offered a particular and solid perspective on the ocean and surrounding scenery, in this case, a generally hopeful perspective. Beliefs were the pilings that structurally supported the pier and attached it securely to the ocean floor. The six beliefs that appeared to sustain participant hope were (a) Success and Failure are Steps on the Journey, (b) Clients Can Change With Support, (c) One Person Can Make a Difference, (d) Everyone is Deserving of Respect and Hope, (e) Hope is Always Available, and (f) Hope Helps People Carry On.

Success and Failure are Steps on the Journey

The belief that success and failure were part of the reintegration process allowed participants to work through potentially defeating setbacks with clients, like returns to prison or addictions relapse. This belief supported the overarching theme of *Maintaining a Hopeful Orientation* by underscoring the inevitable ups and downs that happened while working with clients. Believing that success and failure were natural parts of life's journey supported hope by allowing participants to focus on more than just the present circumstances. Taking a broader, future-oriented perspective allowed participants to recognize the opportunity for growth in every situation and the large changes that resulted from accumulated, smaller successes. Expecting failures intermingled with success was also perceived by participants as a very realistic belief to hold, as both were part of life.

Small successes perspective fosters hope. Participants often spoke about believing in emphasizing the small successes they experienced while working with women on parole/probation. Most participants discussed celebrating small successes with their clients, like applying for a job or finishing a three day program, as a way to support hope for themselves and clients. Ursa shared how she perceived little successes to accumulate into larger successes: "It's always the little things. I think the little things do matter. Cuz they all make up the big things". For Roberta, focusing on smaller accomplishments was vital for her to continue working with women on parole/probation:

> In this field, you cannot look at bigger pictures. You have to break it down, because if we continually look in terms of, "Oh, this client's gonna make it. And, she's gonna be successful. And she's going to go on to be great and powerful and make changes to her community". Yes, that might happen, but we might be holding our breath for a while, too. So, we need to think in terms of baby steps, for sure.

Emily discussed the importance of pinpointing small successes for clients, especially in the context of a failure:

> But I find a lot of the time the women don't see them as successes, because they've failed the [big] picture, as they would see it, because they're back, they're back in [prison]. They don't see anything else that they might have accomplished in that process of being a success, so sometimes having someone else bring it to light, especially someone that they have a relationship with makes them realize that all wasn't for nothing. And that they have taken some steps in the right direction, and just cuz they took a couple steps back doesn't mean that shouldn't

be recognized, the work that they've done on themselves.

For both participants and clients, celebrating small successes and seeing how they accumulated into larger successes appeared to offer encouragement that change had and would continue to happen.

Each participant shared the belief that identifying and emphasizing small successes fostered hope for both themselves and clients: "I see the connection of hope with those small successes" offered Roberta. Ursa explained how small successes encouraged her hope: "For me that's hopeful, cuz I mean every little, like sometimes it starts out with baby steps. You know, I mean they got out this time and the next time they'll stay out longer". Emily expressed her belief that acknowledging small successes offered hope to clients: "A small step is still a success and I think that they all have to be recognized because that's what will help give hope to the women". For Maya recognizing clients' moments of hope required taking into account each client's individual circumstances. What constituted a small, hopeful success for one client may not have necessarily constituted a success for another client: "It's, 'That's great that you're able to get out of bed and get dressed'. And, 'How's that feeling for you?' And it's being able to celebrate with someone their moments of hope". Ursa illustrated how small, individually defined successes could foster clients' hope with a story from her work experience. She described how even a success as small as being returned to prison for a reason other than committing a new criminal offence could bolster hope:

> What some of the women have told me [when] they've [gotten] out of jail. They've gotten out of jail and haven't lasted a month. And I mean it's a success sometimes when they don't re-offend. And they take pride in that. They say "You

know what, I got out this time but I didn't get any new charges". So I mean for them, that's hopeful.

In participants' work with women on parole/probation, believing that small successes were important, even in the face of apparent failure, seemed to stop participants from dwelling on client setbacks. Instead, participants' belief in the value of small successes may have allowed them to focus on the gradual process of change during the reintegration process.

For individuals who did not work with women on parole/probation, this understanding of success may have seemed a little strange. Roberta shared a story about one program she operated for women who perpetrated a specific set of crimes. She related, "People often ask me in the community 'Is your program successful?' I get asked that all the time. And I always say 'Yes. But I define success differently than, probably, what you do'". Roberta described her assumption that for others in the community, success meant her program participants never re-offended. However, Roberta defined success as a client making a step (e.g., increased understanding for the client of the circumstances which preceded her criminal behaviour) toward the client's end goal (e.g., remaining out of prison).

Searching for hope. Searching for hope in challenging situations was not always easy for participants. However, each participant resolutely expressed the belief that hope could always be found. Often, professionals in this study needed to uncover glimmers of hope buried in painful and difficult circumstances. Participants frequently talked about needing to find hope when clients returned to prison. Ann shared her hope-seeking perspective:

> I have hope when, even if a women is out here for a period of time and she ends up going back [to prison], I have hope that that next time she journeys out this way that she's found some skills. Not that it will be forever, that she'll never go back again, but I'm hopeful that that piece of that journey is only going to make her stronger for next time.

Once again referring to life as a journey, participants seemed able to cope with client setbacks by recognizing that setbacks were an inevitable part of the reintegration process. At times, participants needed to be quite resourceful to find hope in client situations. Ann offered two stories that highlighted the creativity she employed to find hope. In her first story, Ann spoke about one client's feelings of frustration because the client did not recognize personal changes since being released from prison:

> Finding that little gold nugget there. And you just keep looking for it. Maybe it's "Well, at least you didn't cut your hair off like you used to ten years ago, right? You know, when you're angry". You find something.

In a more despairing story, Ann shared about a client who orchestrated the assault of the client's child's friend: "I always have to get to a place where I feel hopeful. Maybe it's to pray that this young lady who got that beating, that she'd be okay. I have to find something there, but it's not about 'Oh well, things could be better'". Even in the harshest of circumstances, participants appeared to be able to find something hopeful, however small, to help themselves and clients cope with adversity. While finding glimmers of hope in client situations did not negate the despair or frustration participants described experiencing, it did appear to support participants as they continued working with clients.

Failure is not the end. When clients experienced failures, large or small, participants described instances where participants resiliently recovered from discouragement. Returning to the Journey metaphor, participants seemed pragmatic in the expectation that both success and failure were part of life for clients. Participants repeatedly and tenaciously held to the belief that failure was not the end. "I don't get too down about whether women go back or not because they're just, they're ready up to a certain point and then that's the best they can do *at the time*" expressed Ann. Participants appeared to work through client setbacks by recognizing that future growth and change were still possible following a failure. Even in the midst of a perceived failure, participants emphasized that any opportunity could be a learning experience. Regarding clients returning to prison, Emily illustrated the steadfastly, hopeful perspective that all participants in this study appeared to possess when she stated, "But if they do [return to prison], then next time, I'm gonna hope they don't come back that time".

Clients Can Change With Support

Participants expressed a strong confidence in clients' ability to change. However, participants repeatedly emphasized the importance of support for women on parole/probation as clients sought to make life changes. "It just reinforces my belief that people, all of us are capable of change, with support" expressed Ann. Hope was identified as one resource that clients could draw upon as they made life changes. Participants' belief that change was always possible for clients, with support, appeared to sustain participants' hope that clients could create different lives.

Clients have the strength to change. First and foremost, participants stressed their belief in clients' strength and ability to enact change. Inherent in this belief was the

recognition that change required both choosing to change and making the effort required to change. Maya outlined her faith in her clients' ability to change: "Once people decide that they actually do want their lives to be different and better, then they start to take those steps that they need to". Emily offered her observations about women making the transition from incarceration to the community: "The women I do see are trying to make an effort to see what they can do in their lives, maybe to change, to make different, [or] something new to try for when they're out in the world again". Participants believed that clients could change, because they witnessed client change previously. Because of participants' confidence in clients' ability to make healthy choices, professionals in this study spoke about empowering clients to take control of decision making and action. Although participants acknowledged their supportive role with clients, participants gave clients credit for the hard work involved in making life changes.

Recognizing the resilience that many clients showed in the face of extreme adversity seemed to contribute to participants' belief in clients' ability to change. Roberta described her perspective on the resilience of the women she worked with as she professed: "I see our women as survivors and as resilient beings and as women that have overcome so many obstacles that I couldn't even fathom". Participants spoke with awe and respect about the monumental obstacles some women on parole/probation faced and overcame. Witnessing women succeed, despite challenges, seemed to foster participants' belief that everyone possessed the strength to change, if they chose too.

Support is vital to reintegration. Even though participants in this study reported believing strongly in clients' ability to change, participants highlighted the vital role that support played in the reintegration process. "I think that they always need that social

support system, that network" proposed Roberta. Maya offered a similar perspective: "Trying to support them and believing that if they get the help that they need and are willing to cooperate with, something will change". For the participants, experiencing support and creating change were closely linked for their clients. When participants spoke about support, they shared the belief that it offered clients grounding, hope, and encouragement during the transition back into the community. Support for women on parole/probation was identified from several sources, including the reintegration professionals and the community.

Reintegration professionals in this study reported actively offering clients support. Participants tried to build relationships with clients that were helpful, empowering, and respectful. Emily shared her perceptions of the importance of her role as a reintegration professional by describing the impact of her absence:

> If I wasn't there, I mean, there's someone that might come after me eventually, obviously, but if that, [Community Agency] relationship, I think, was cut off for these women on parole and probation, it would just be really difficult because there wouldn't be anyone there to show them that there is still hope.

Despite the difficulty of supporting clients, at times, Emily also reiterated the importance of her role: "But as a helper, I can't let that hinder the work that I'm doing with them. Because if they're coming to me and I'm not there that next time, then who will be there for them?" Participants saw the value and effect their supportive relationships had on the clients they worked with.

Possessing hope for clients was one of many ways that participants described supporting clients' attempts to change. "We also need to have hope that they can make

changes to their lives" expressed Roberta. When reintegration professionals held onto hope and shared it with clients, it seemed like participants tried to encourage clients that change was possible. A few participants shared the perception that clients needed to know someone had hope that women on parole/probation could change before clients could believe it.

The larger community also seemed to be a source of support for women as they reintegrated. In her work with clients, Emily described, "Focusing a lot on release planning, reintegration into community, [and] setting up appropriate resources for [clients], so that there's something there and they're not being released to nothing". Helping clients reconnect with the community seemed to be an important facet of the reintegration process for participants. Ursa conveyed her hopes for larger societal changes that offered more support to women on parole/probation:

> I hope at some point in time somebody, meaning the government, recognizes that it's more cost-effective to put the supports in place in the community as opposed to women having to go back to jail. Like being proactive, cuz it's better to put the support in place in, like, affordable housing, programs that they need, addictions, [and] providing affordable education.

Fostering community support was understood by professionals in this study to create a hopeful space where women on parole/probation could return once they left correctional facilities.

Hope is a resource. As participants spoke about clients making life changes, hope was regularly mentioned as a resource that supported this process. Maya shared about remembering previous hopeful moments as a way for clients to stay motivated to change,

even when situations were difficult: "That re-entry back into that moment of hope and that moment of having the confidence and the belief in self to keep going, that becomes an internalized resource for that person". In Maya's words, "It is the rare individual who cannot connect back to that memory and use it as a building block for what they're struggling with now". Remembering past moments of hope was described as one way to encourage clients when they faced painful circumstances that life had previously been different and could be different and better again.

Finding and creating hope was also outlined as a generative process. "I guess hope breeds hope" remarked Maya. Her statement seemed to contain two ideas. First, Maya appeared to comment on the way her hope impacted her clients' hope. Also embedded in her statement was the potential idea that finding a sense of hope may have allowed clients to create and envision other hopes. As a generative phenomenon, participants proposed that hope could touch lives in ways that were difficult to predict and track. Ann shared, "You know, to me, that's like a pebble that goes in the middle of the still pond. If you throw that, that pebble is hope. It ripples out". Potentially, hope could have far reaching effects in both the lives of participants and their clients.

When speaking of hope as a resource, participants referred to its close link with spirituality. "I think hope is such a spiritual thing" proposed Ann. Throughout her interview, Ann made a number of references to hope as a spiritual value and concept. Both Ann and Maya described their belief in a higher power as a significant personal and professional resource. When they exhausted their abilities as professionals or situations were out of their control, both Ann and Maya referred to their spiritual beliefs as a safe place to anchor their hope. Maya described her belief in God as a source of hope when

she was reminded of her own limitations as a human being: "Where's the place that I need to put trust and hope for me? That place is, that person is, back to my first thing of faith, I believe in God's care and love". Similarly, Ann also expressed her trust that the Creator would take care of situations beyond her strength or ability: "I have hope and faith that when I do feel threatened by something, that I can give that up. Because I have a total belief and a hope that Creator will take care of things". Describing ways she used spirituality to support her own hope as a reintegration professional, Ursa offered examples from her personal life:

> I went to sweat lodge ceremonies sometimes. Smudging in the morning, which I didn't do every day, but I knew when I needed to kinda get grounded again, so I'd smudge with sweetgrass. And occasionally when I was gettin' really stressed and kind of more negativity then I wanted, then I'd get an elder to come over to my house and smudge my house and kind of pray with me to kinda get me back on-track.

One Person Can Make a Difference

When work became frustrating, overwhelming, or painful, participants seemed encouraged by their belief that one person could make a difference in the lives of others. This belief connected back to the theme of *Maintaining a Hope-Seeking Orientation* by allowing participants to recognize the meaningfulness of their work. This belief was also inherently empowering, as it highlighted the tremendous impact both clients and reintegration professionals could have on the lives of others.

Professionals make a difference. Participants seemed driven to make a difference in clients' lives through their work. In her work, Ursa described being inspired by that

thought each day: "And that's a daily thing, every time I go into the Institution. How can I make a difference?" Participants' hope and belief that they made a difference in the lives of clients appeared to be a huge energizing force. Ursa shared her conviction: "Just making a difference. If I can save one young person from ending up in jail, then that's huge". When work was especially difficult, participants sometimes reminded themselves of the impact they had on clients' lives. Roberta shared how she used this strategy when a client faced a disheartening set back:

> I tell myself "[Participant's name], she made that choice for herself. She made a mistake. And now you need to be there for her. You can't give up on her. She's had so many people already give up on her. You can't do the same. And, as soon as she's ready, you need to be there for her again". So I just tell myself that "I could be the difference. I could be that one person that could be the difference to these women".

Similarly, Emily shared how believing that her work was life changing aroused her hope and motivation:

> But knowing in years down the road that maybe someone will change it around and that I might have had some effect in that makes me remember why I wanted to become a [reintegration professional] and do what I do.

Even though participants understood that they might not see the full impact of their work in the short-term, they recognized that it could have positive, long-term effects. Acknowledging that participants' efforts made a difference in clients' lives encouraged participants in their work.

Clients make a difference. Participants identified that the women on

parole/probation they worked with also significantly impacted the participants' lives. "They have taught me so much" shared Ann. Ursa echoed this sentiment: "I always tell the women 'I could go to university for twenty years and I could never learn as much as I learn from them in the period of time that I work for them'". In this way, participants recognized the valuable contributions that clients made to the lives of the professionals with whom they worked.

Participants also noted that clients made a difference in the lives of others. One of the main ways professionals identified that clients impacted other women on parole/probation was through teaching and role modelling. Participants believed that clients could positively impact the lives of other reintegrating women by demonstrating that success was possible. Roberta put forth, "I hope that they can become role models to each other". Implicit within this belief was her certainty that clients possessed valuable skills, experience, and knowledge that could benefit others. Extending beyond the smaller community of women on parole/probation, Roberta expressed her expectation that clients could also make a difference in the larger community: "I hope that they can contribute to their community, whatever that means to them, but give back somehow". She explained that this hope came from a twofold belief. First, Roberta said that women were less likely to hurt their community (e.g., through shoplifting or prostitution) if they were connected to it. Roberta also shared her belief that clients could create more understanding and acceptance by educating and informing the community about the lives and experiences of women on parole/probation.

Everyone is Deserving of Respect and Hope

Another key belief that informed participants' hopeful orientation was that

everyone deserved both respect and hope. Regardless of clients' actions, every participant described these two concepts as fundamental rights for all people. Participants emphasized that they did not always agree with clients' actions or choices, but, regardless, participants affirmed clients' inherent value and dignity as human beings. Respecting clients tied back to the theme of *Maintaining a Hope-Seeking Orientation* by recognizing everyone's inherent value and worth as human beings. Participants also shared the belief that client hope was fostered by receiving respect. In regards to hope, participants shared how they tried to offer clients hope in respectful ways. Even when participants reported feeling angry, hurt, or frustrated by client behaviour, professionals in this study described working through these emotions to continue sharing hope with clients.

Professionals respect clients. Participants discussed, at length, about how they tried not to judge clients' actions or decisions. "We can't judge them" declared Roberta. Roberta shared that she withheld judgement because she did not fully understand each client's life situation. Participants reiterated that judging clients was not a part of a reintegration professionals' role. With passion, Ursa declared, "I mean, no matter what, no matter if they've done something that I don't necessarily like, but that isn't my job to go there and judge them. They have enough judgments".[1] Several participants described judgements as stigmatizing, so these professionals tried not to add to the stigmatism women already experienced. Roberta emphasized, "I just need to make sure that I'm there to support them and won't judge them if and when they do make a mistake". Offering non-judgemental support, respect, and guidance were identified as key parts of

[1] The hope threatening aspects of judgement are discussed later in a section entitled, *Hope Threatened by the Perception of Limited*

participants' efforts to assist women reintegrating back into the community.

Participants spoke about valuing and respecting their clients' individuality. They viewed each client as a unique person with a complex story. "I really take each woman for who she is and that she really is the expert when it comes to her journey. She's lived it, not me" stated Ann. Participants saw themselves allowing clients to be the experts from whom professionals could learn. During her interview, Maya mentioned that her hope was fostered when clients had "reasonable goals". When I misinterpreted her statement to mean that she could see the goals happening, Maya corrected me: "That *they* can see might actually happen. Cuz actually doesn't matter what I think. It matters what the individual woman sees as the carving out of her life". For Maya, respecting her clients' individual perspective was an important way to honour client experiences.

Another part of respecting clients' individuality involved participants emphasizing clients' values and expectations. Instead of imposing outsider perspectives, participants sought to learn how clients perceived the world. "You have to kinda pull back the bushes or pull back the layers and find out what hope is for that woman. Let her define why she didn't give up" offered Ann. For Ursa, respecting client individuality involved tailoring her approach to each woman's unique situation: "My hope is that I would do whatever I could or had the knowledge to assist them in how they needed". Participants recognized that clients and participants might view the world differently. To respect differences, these reintegration professionals made a conscious effort to learn about each client's values, goals, hopes, and experiences.

Participants tried to respect clients by honouring the pain clients faced. As participants discussed attempts to foster client hope, participants emphasized that hope should be fostered in an empathic, respectful manner. Maya described her experience working with suicidal women on parole/probation: "When they say, 'I don't even wanna do this anymore. I'm tired of living'. However that gets expressed, the cheerleading part of that is listening to that very deep pain and despair". Maya explained the "cheerleading part" of herself as the encouragement and hope she offered clients. Even in dark moments, she shared, "I can encourage them in those places of hope that I've had privilege of seeing before". However, this was always done in a manner that attempted to validate and show full consideration for the clients' pain. Ann shared a story about a woman who came to her office, tired of facing the challenges associated with reintegration:

> She's had it. She's going back. She doesn't wanna stay out. She's fed up. She's tired of this. She's tired of that. And so you let a person go on, let them get that off their chest and then you try to help them find the hope that, [sometimes], the only good thing about a bad day is it's over eventually.

Ann emphasized that respecting clients meant listening to and allowing clients to share personal, often brutal, stories. However, like Maya, she also spoke about how she tried to foster her client's hope, even in small ways, within that respectful, validating relationship.

Clients' hope supported by respect. Participants perceived that when clients felt respected, client hope was fostered. When participants were asked how they believed that they supported client hope, Emily responded, "I think just trying to foster their dignity

and worth, which is one of our agency's core values, and respecting them". Ann pondered, "I would like to think that I support it quite well, on their terms, in a way that helps them get there. And that can be very individualized". Several participants gave the impression that showing clients respect may have been a way participants tried to teach clients that they were worthy of dignity, success, and a brighter future. Roberta proposed, "When they think that they're worthy of success, that is the biggest builder of hope. There is hope for them then". Participants believed that treating clients with respect offered hope by showing circumstances could change. Ursa put forward her observation, "I mean if you're not judgmental and care about them and not necessarily like what they do, but care. Then they say and sometimes they actually think, 'I'm not a bad person'". Respecting clients' worth as human beings, regardless of their actions, seemed to offer them hope and possibilities for a different future.

Hope is Always Available

Participants all discussed a firm belief that hope was available, if searched for, in even the most trying circumstances. They also held steadily to the assertion that hope was necessary, both for clients and themselves. The belief that hope was always available directly informed the overarching theme of *Maintaining a Hope-Seeking Orientation*. Part of the motivation to continually seek hope, came from the unwavering belief that glimmers of hope could be found in any situation. Further, the perceived necessity of hope made it crucial to uncover for both professionals and clients.

Hope is always available. Each participant shared her belief that hope was always available. All five participants described possessing a steadfast sense of hope. At times, it took resourcefulness and creativity to find hope in difficult situations. Ann captured the

resourcefulness of the professionals in the study when she offered, "I don't think anything is ever hopeless. It's just you have to look at it differently. It's just a matter of finding another angle to find that seed of hope". For Maya, the presence of life equated with the possibility of hope: "As long as people are alive in this life, they have hope". Finally, Emily stated simply: "I think I always try to have hope for all the women that I work with". Even if hope seemed small, participants spoke about always being able to uncover it. The difference between hope being *available* and *present* attested to the fact that participants had to intentionally search for hope in challenging circumstances. Not only did participants seek hope in every situation for themselves, they also tried to share this perspective with clients. Roberta stated: "We do try to hope that we can work with them to see that there is hope, there's always hope". In this way, professionals strove not only to maintain a personal sense of hope, but also to impart it to clients.

Hope is necessary. Participants described hope as a necessity for themselves professionally to cope with the challenges of reintegration work. Each participant shared how she felt possessing hope was necessary to do her job. This belief seemed intimately linked to the hopeful orientation that participants possessed. Without hope, participants believed they could not perform their jobs, at all, or that their ability would be seriously hampered. "I couldn't do this work if I didn't have hope" stated Ann with conviction. Ursa held a similar opinion: "You need hope in this type of work". Both Emily and Maya spoke about how hope was necessary to cope with the difficulties in their work. Emily reflected: "I mean I've been here full-time since [month], so a year. I think if I didn't hold hope at all, I probably woulda quit in a week. Because it's hard. It's not easy work". Similarly, Maya proposed that an awareness of hope was crucial to prevent professional

burnout.

Several participants described how possessing hope was a prerequisite to foster hope in clients. "I think you have to have hope in order to be able to teach women to have hope" concluded Ursa. Hope needed to be both experienced and modeled in the professionals' lives before it was shared with clients. When asked to describe what it would be like to work without hope, Roberta responded, "In terms of my ability to help the client to build her own hope, if I don't have hope, then that's not gonna happen. And it's not gonna be nearly as effective". Finding and building hope were not viewed by participants as skills that could be learned in a classroom or from a book; They had to be lived in order to be taught to others.

Finally, participants also believed that having hope was necessary for clients to change and successfully transition back into the community. Each of the five participants shared her conviction about the vital role hope played in the reintegration process. Ann offered her opinion simply: "Cuz you can't change if you don't have hope". Both Emily and Roberta shared their perceptions about how vital hope was in successful reintegration for women. Emily strongly stated, "I think if women don't believe that they can do it, or hope, or think that there's hope that they can, then they probably won't". Roberta's opinion was, "I believe it's vital for them to have hope to be successful, and to be successful in their community". Ursa also highlighted this belief that hope was a starting place for clients making life changes: "If they don't have hope then they're not successful. It's a cornerstone of success. It is crucial. I would say that's the first step". Later Ursa added, "I think [hope]'s one of the major, major things that they have to have". Offering an example from her work experience, Maya described how she

occasionally shared her own personal, hopeful stories with clients to offer them hope and motivation to continue striving towards change:

> It's certainly not my job to be making anything about me, but it is my job, if I've had an experience of pain and healing and hope to share that. [For example,] "This is what happened to me in a similar situation. And here's what was helpful for me. And here's how it, it helped me to keep going".

Participants described the importance of hope, because it offered up the possibility that life could be different. "If you don't have hope, why move forward?" questioned Ann. Without hope, participants perceived that women on parole/probation had no incentive to work hard to overcome obstacles. Therefore, to successfully transition into the community, reintegration professionals in this study believed clients needed to possess hope.

Hope Helps People to Carry on

Several participants discussed how hope helped people to carry on in the face of adversity. Even when life circumstances became almost too much to bear, participants believed that hope could inspire clients to work through these difficult situations. Hope was also described as a powerful motivational force. Participants shared their perspectives on how hope helped clients to continue moving forward in life. This belief in the power of hope to help people carry on connected to the overarching theme of this study, *Maintaining a Hope-Seeking Orientation,* through participants' belief in the importance of hope and its contribution to life. Participants saw hope as a cord that connected individuals to a future brighter than the present. Hope also offered the incentive to pursue this brighter future.

Hope helps in difficult situations. Participants identified hope as a resource that could help both themselves and their clients survive overwhelming and potentially unbearable situations. Ann shared a story about a client who struggled with a chronic illness. As her client waited for a possible cure, Ann noted with emphasis, "Hope is the only thing that's keeping her going". Hope may have provided her client with the strength to continue on, even when life seemed hopeless. For Maya, this was true in her own life, as well: "I'm someone who believes there is always hope. And that fundamental belief literally carries me through some of the most difficult situations that I've ever been in personally or alongside with someone else". In these dark situations, hope may have offered the possibility of different opportunities coming in the future.

Hope motivates. Hope was described by most participants as a powerful, motivational force for their clients. When the challenges of life became seemingly overwhelming, professionals shared their belief that hope for better possibilities could carry clients through these obstacles. Roberta proposed, "It's kinda like hope equates with potential. And, so it motivates them that 'No, I can get there. I can get past this'. There's a light at the end of the tunnel, so it motivates them". Maya echoed this idea: "I believe it plays a significant role because it's the generator of keeping people trying. Without hope, people don't try to make life different and better for themselves". When life struggles became paralyzing, Ann believed hope allowed her clients to "be motivated to take one more step without giving up". Having hope that there were possibilities for a different life offered clients a powerful incentive to take the first step on a new journey.

Processes That Sustain Hope at Work

Hope Maintained Implicitly and Explicitly

The participants in this study spoke about perceiving hope at work in both implicit and explicit ways. Implicit approaches involved promoting hope in ways that did not actually use the word *hope*. For example, talking about goals or future plans may have been ways hope was offered implicitly. Most often, participants discussed imparting hope, perceiving hope in-action, and supporting hope in implicit ways. However, professionals shared that they also used the word *hope* explicitly when talking with clients. Primarily, participants described bringing hope into the conversation explicitly when clients were struggling. For example, a professional might have asked a seriously depressed and potentially suicidal client about the little things that gave her hope. However, the majority of the time participants shared that hope was implicit but always available in their work. The implicit and explicit processes of hope supported the overarching theme of *Maintaining a Hope-Seeking Orientation* by identifying that hope touched many parts of participants' work. Whether using the word *hope* or talking about "never giving up", participants described hope as a current that ran throughout their work.

Hope Used Implicitly. Most frequently, participants suggested that they addressed hope implicitly with clients. Roberta described how she saw many of her day to day actions with clients permeated by hope:

> I see hope when we talk about self-worth. I see hope when we talk about self-care. I see hope when we talk about all of the goal-setting that we do. I see hope in all of that, but it's never, "So, what do you think about your hope?" You know, it's never explicit like that.

Even without using the word *hope*, Roberta expressed her perception that these activities

with clients were hopeful. Ann shared the viewpoint that hope underscored her work and her conversations with clients:

> There's a time where you talk about it and I guess that's the piece sometimes, maybe the word *hope* might be interchanged with, "Never giving up". I think "You may have done this. You may have done that. You may have done this. Well, holy crap, how come you're still here? What's kept you going?" To me, that's talking about hope.

Maya found that her clients talked about hope implicitly, as well: "It sounds like 'Oh, well I can do that' or 'Gee, I'd like to try that' or 'Maybe that would work for me'. And those are all phrases, not that people go around going 'Well I have hope, now'". Even though hope was identified as an implicit concept in their work, participants recognized it as both important and available.

Hope Used Explicitly. At times, participants shared that they did explicitly converse with clients about hope. Emily stated, "For sure there would be times that I'm sure I've made reference to it or said, 'Let's try to find something that gives you hope'". Often, participants introduced the concept of hope when clients were at their lowest point. Maya shared, "I find for my perspective that using the word *hope* in those situations, where someone is struggling just to stand themselves, for lack of another phrase, helps to bring them enough to talk about themselves". For Maya, talking about hope explicitly encouraged clients to talk and reach out, especially during hard times. Maya described a situation where she would explicitly introduce hope to a client. As the client shared about tiny successes, like getting out of bed in the morning, Maya explained ways she might intentionally introduce hope into the conversation:

> I might say, "Does that give you a sense of hope that things can get better?" And they will reply, "Yeah, it does". Like they might need some encouragement, not me putting words in their mouth, so much, but part of identifying "What's that feeling of feeling better about yourself?" How would they describe that?

Through the example above, Maya helped her client to name the feeling of *hope*. Once named, she believed clients were better able to access hope as a resource or a way to envision hopeful future possibilities.

Practices That Sustain Hope at Work

Participants identified many practices which they believed supported hope for themselves and clients. These practices included specific ways of thinking and acting that helped to maintain hope. Categories of these practices consisted of (a) recognizing possibilities and options, (b) building relationships and support, and (c) practicing self-care.

Hope Sustained By Recognizing Possibilities and Options

Participants described possessing the belief that clients found hope through the recognition that possibilities and options were available. This belief led participants to foster client hope by uncovering and emphasizing different possibilities in the clients' lives. According to the participants, clients hoped for opportunities in many areas of life, ranging from tangible needs like food and shelter to intangible possibilities like happiness and love.

Hope sustained by recognizing possibilities and options. Participants appeared to perceive that clients found hope by acknowledging possibilities and options in life. Emily observed how her clients' hopes were impacted when they saw that options were

available:

> I think a lot of women receive their hope when they realize that there is still something else out there. And that not every door has been closed. Or realizing that there is some way to get their foot back in the door.

In this reflection, Emily described her understanding that clients needed to see that, despite their previous behaviour, they still had options for the future. Without the recognition of a future with unknown but available possibilities, participants perceived that clients would not try to move forward. When asked how she believed clients received hope, Ursa responded with a reflection from her experience of working with women who were preparing to be released from prison:

> Well, I think when [clients] start doing release planning for parole [they begin] to think, "In six months or a year I can go for a parole hearing"… They think, "Well, my sentence isn't finished but I can go up for parole and be out in the community on parole, on supervision". So they're given hope that way.

Ursa and Emily appeared to share the understanding that when clients envisioned a future outside of prison, clients found hope to work towards the possibilities attached to that future.

According to participants, the belief that clients received hope through the recognition of possibilities informed participants' actual practice with clients. This belief encouraged participants to attempt to actively foster client hope by highlighting available options. Emily described how she showed clients the myriad of available community resources and opportunities: "I think I try to instil hope by sharing my knowledge and educating and resource finding and hunting to show them they do have other options".

Roberta reiterated this idea: "I guess one of my goals as [Program Title] Coordinator is to make sure that when clients leave, they realize that there's more available to them that they didn't know about when they came in here in the first place". By opening up the possibilities clients saw, professionals sought to encourage clients' hope that life could be better.

Sharing stories was a common approach to illuminate possibilities and encourage client hope. Participants often shared stories about others who overcame adversity. Maya offered, "[To] give them stories of other people who have been raging drug addicts and have got their life together again, cuz I've got to see it over ten years, that's a way of sharing hope". Participants also shared stories about surmounting obstacles from their own lives. Using her own life story of overcoming hardships, Ursa offered hope to clients that they also had the opportunity to achieve their goals: "And they could see, 'But she was able to do it'. So when I think [about] this whole subject of hope, I think part of my job is giving them hope that they could have a different kind of life". When asked what she believed sharing stories offered her clients, Ursa replied, "It makes them believe that they can do it also. It gives them hope that, 'She made it, eventually I'll get it. Then I'll make it'". Sharing the real life experience of others seemed to be a powerful way that participants shared hope with clients.

Clients hope for possibilities. Participants' belief that clients hoped for options in the future appeared to inform their professional practice of illuminating possibilities in clients' lives. Several participants spoke about how clients initially hoped to have their basic needs, like food and safe shelter, met. Later, as those basic needs were supplied, clients began hoping for farther reaching, more abstract possibilities, like happiness.

Many women transitioning from correctional facilities to the community experienced poverty as they sought to secure employment and housing. In response to this common experience of poverty, participants hoped for clients' basic needs to be met. Roberta shared how she hoped her clients had their essential living requirements fulfilled: "[I hope] that they have their basic needs met, often that's a struggle". Ursa outlined her understanding that having basic needs met was a starting point for clients during the reintegration process:

> And I think the biggest thing is affordable housing, cuz if you don't have a house, if you don't have [an] affordable, safe home, then you can't go the next step. It's kind of like in the hierarchy of needs, have a home first, a home base and then you can go to [addictions treatment] every day, go to your [addictions recovery] meetings, just stay straight, cuz you have a safe place to do it in.

Professionals in the study seemed to believe that clients needed to have their basic needs met before they could move on to hoping for less tangible possibilities.

Once clients had their essential needs met, participants believed that client hopes became more abstract and farther reaching. For example, Ann shared colourfully how she saw clients hope for success, including opportunities to show up others who did not believe they could achieve success:

> Sometimes hope for some of the ladies, what they've taught me, is sticking their middle finger up in the air and saying, "Screw the rest of ya. I'm doin' this!" That's their hope is that they can prove all of us wrong, right?

Examples of success for Ann's clients included finding and keeping a job, staying out of prison, and not returning to an abusive relationship. Roberta also shared how she

perceived that her clients hoped for options, over-and-above simple necessities: "I think they hope for happiness, love, to be understood, some tangible things and some things that are not tangible, but still equally as important". Participants appeared to describe hope as a process for clients. That is, the possibilities that clients hoped for seemed to shift as circumstances changed and reintegration proceeded. Clients appeared to begin hoping for concrete, necessities of life and later moved towards less tangible but nevertheless important aspects of life, like happiness and love.

Healthy, supportive relationships were a very important hope that most participants believed clients held. Ursa shared, "My understanding is women hope that one day they're gonna have a family". Ursa spoke about a family as a place her clients could belong. Unfortunately, due to the unhealthy choices many women on parole/probation made, like illegal activity and substance abuse, their children were often placed in foster care. Emily saw rebuilding their family as a similar hope clients' held: "[They] hope that they get their kids back and [that] they do everything right to get them back". Implied in this statement was Emily's belief that clients wanted to live the kind of lives and make the type of choices conducive to regaining custody of their children, like abstaining from drug use and illegal activities.

Hope Sustained Through Relationships and Support

Participants identified relationships as a source of hope for both clients and themselves. They described how supportive relationships helped to foster and maintain hope. This belief in the importance of relationships encouraged participants to spend time and energy building relationships with clients and the community.

Supportive relationships maintain hope. Professionals in the study described

relationships as a significant way they sustained hope in their own work. For participants, relationships included family, friends, colleagues, and mental health professionals. When asked how she maintained hope at work, Ursa responded, "[I] make sure I spend time with family". For Maya, talking with a mental health professional was also a great source of hope: "I know this of me, is that my paid friend who I call when I'm struggling in life and I trust and I know loves me no matter what, gives me hope". Being supported in life, even as participants sought to support clients, appeared to be a notable way that professionals in this study supported their own hope.

Relationships were also identified as an important source of hope for the women on parole/probation that participants helped. Participants attempted to foster trusting, respectful relationships with clients. Emily stated, "Just building relationships with the women instils hope because they know they have someone out there… they do have somebody that wants to be there to listen or invest time in them". When asked how she believed her clients received hope, Roberta responded, "I guess it's reinforced by people, like myself, who work with them in their social support, in their community support circles". Ursa shared how her clients valued the working relationship they built together: "I mean the women, they say to me, 'You care about us. Nobody ever cared about me. And when you say you're going to do something you do it. Nobody's ever done that'". For her clients, the caring and responsiveness that Ursa showed impacted them deeply. These supportive relationships between professionals and their clients were thought to create an environment conducive to fostering hope.

Participants hope to build and maintain relationships. Due to the belief participants placed in relationships, they strove to build strong connections with clients

and the larger community. Fostering safe, respectful, and supportive relationships seemed to be very important for participants. "I would like to think that perhaps I've developed relationships with some people that they feel comfortable coming to me... I hope it's a safe place to land" hoped Ann. Emily shared her hope that the relationship she formed with clients would continue to offer support during their transition out of the correctional facility: "I hope that once they are out [of the correctional facility] that they'll keep a connection with me. Even if it's just for a while until they get grounded back out in the community". For Roberta, the diverse relationships she built with other community agencies and individuals benefited both herself and her clients: "I hope that I continue to build those connections in the community, both personally [and] professionally for support, but also, in terms of being able to provide those referrals to the clients". As participants valued relationships, they worked to foster these with both clients and the community as a whole.

Self-Care Sustains Hope

Self-care is another practice described as sustaining hope for both professionals in the study and clients. Orem (1991) defined self-care as "the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being" (p. 117). Participants spoke about self-care as a holistic practice that incorporated various personally meaningful activities, like spending time with family. Ursa described how self-care supported her in her work: "I have to take very good care of myself, just because of the type of work that I do. The huge, the phenomenal workload that I have". For Ursa, self-care activities, like taking time off work and connecting with her spirituality, give her the energy to continue working. Emily also spoke about practicing

self-care to sustain her hope: "I think to support my own hope I do a lot of self-care stuff". Roberta expanded upon this belief to explain how she understood that self-care fostered hope:

> It makes some of the things that are unbearable, maybe a little bit more bearable. It might increase our patience and understanding and those kinds of things. It helps us to take time to reflect and to focus and to re-channel that energy and to avoid giving up.

As a practice, self-care was understood by participants as an important way to maintain hope for both participants and clients.

Challenges to Hope at Work

In general, participants shared relatively little about the circumstances that threatened their hope. I found this surprising, considering the difficult and often stressful nature of the work professionals in this study performed. Once again, it seemed that although participants had the option to dwell on the negative aspects of their work, like threats to hope, they chose to emphasize more positive features. This finding seemed consistent with the overarching theme of this study, which highlighted participants' focus on hope rather than despair. Ursa avoided the word *threat* altogether, opting for a more positively-framed word like *challenged*: "I don't think my hope ever feels threatened, but I sometimes, I feel extremely challenged in my work". For Ursa, given her work in close contact with corrections, the word *threat* may have denoted potential harm or damage, whereas a challenge could be overcome. When participants did share about challenges to hope, they often finished by reiterating experiences or activities that fostered hope. More so, participants shared their perceptions of the things that challenged hope for clients. The

most common situations that participants identified as challenges to hope included (a) perceiving limited possibilities, (b) circumstances out of their control, and (c) lack of support.

Hope Challenged by the Perception of Limited Possibilities and Options

As hope was fostered by recognizing possibilities and options, it was also challenged by the perception of limited possibilities and options. Participants discussed hope being threatened by limited possibilities more for clients than themselves. Roberta discussed her understanding of clients' experience of low hope: "They didn't see possibilities. They didn't see other options for themselves and they didn't see the importance of choosing the right one. So, they didn't have hope". Limited options seemed to challenge hope for clients by clouding possibilities and creating a constrained vision of the future.

Roberta identified that feeling labeled often appeared to restrict possibilities for clients. She offered her observations of how feeling labeled impacted the women on parole/probation she worked with:

> The women feel like everyone knows them. They might not know them personally, but they know them in terms of, "Hey, that woman's a criminal. That woman has a criminal history, a criminal past. We can't trust her". So they already feel like they are at a disadvantage when they step out of jail or when they step into the community. So, therefore, that affects their hope. That affects the way that they look at their future and the way that they look at what opportunities they have available to them.

Roberta perceived that clients were so sensitive to the possibility of being labeled, that

the clients perceived that others knew about their criminal history simply by looking at them.

According to participants, facing challenges also limited possibilities for women on parole/probation. Common challenges participants identified for women during reintegration included poverty, addictions, lack of affordable housing, lack of education, lack of employable skills, and finding employment with a criminal record. Ursa spoke about how exhausting continually facing these challenges was for both her and her clients: "At the end of the day, because of what's lacking in community supports, sometimes it's hard for me to help them get that hope back, cuz there just isn't the resources to assist them with the things they need". As clients and participants struggled against challenges, day after day, Ann described how they both could lose hope: "It becomes layered every time, you become hardened, your hope starts to fade". Over time, these challenges sometimes wore down participants and clients, making hopeful possibilities harder to imagine, hold on to, and move toward.

Hope Challenged by Lack of Relationships and Support

For clients, professionals in this study spoke about the absence of relationships and support as a challenge to hope. Roberta shared her perception of the difficulty clients had rebuilding relationships after they were released from incarceration: "In terms of biggest challenges for women when they're first released, is reconnecting with their family". Ursa described how she perceived clients being separated from their families as a challenge to client hope: "When they lose hope because they can't see their children, cuz they can't afford to go where their children live. Or they can't travel because of their parole limitations". Coping with the consequences of their incarceration on their families

seemed to be a significant challenge for clients after they were released from correctional facilities.

A few participants noted that unhealthy relationships, social or intimate, could challenge hope for clients. Ann stated plainly how these relationships threatened hope: "Every time somebody makes us not be safe, we lose hope". Her comment seemed to allude to the powerful impact relationships had on clients and professionals. Healthy supportive relationships appeared to encourage hope, as found in the theme *Hope Sustained Through Relationships and Support*; whereas unsafe, potentially damaging relationships could endanger client and participant hope. Maya added to this understanding by underscoring the importance of relationships in her clients' lives and the difficulties that could come from these relationships:

> If they've got into trouble as a result of past relationships… with the people they've hung out with, then it's not an emotionally safe place and often not a physically safe place for them to return to. And so, it's a daunting task to make new relationships and find new friends. So that's a significant one for women.

It seems that just as relationships offered strong support for hope, participants perceived that relationships also held the power to jeopardize hope for both clients.

Hope Challenged by Circumstances Out Of One's Control

Another challenge to hope for participants seemed to come from forces they had no control over. One source of this threat was systemic issues, like government policies and bureaucracy. Ursa described her feelings about this: "Sometimes I feel extremely challenged in my work, when I have to fight bureaucracy and when the system is not making it possible for women to be successful". She added later, "It doesn't instil hope in

people when you see how the government isn't recognizing how we need to help the people in poverty". For her, lack of government support and recognition of issues contributing to women's criminal activity were significant challenges to her hope. Roberta also noted how the lack of community resources for her clients impacted her hope:

> This province affects my hope. The fact that we're in such a wealthy, wealthy province, and half of all children live in poverty and we have less than a 1% vacancy rate in [City Name]. And our clients might be completely and totally ready for change, but we can't get them into a treatment centre, because there are no beds available. Like, all of those things [that] are out of our control affects my hope a lot.

In these situations, despite their best efforts, professionals could not always obtain the assistance clients wanted or needed.

Client behaviour was another factor that participants could not control and, at times, challenged participant hope. When, despite professionals' best efforts, clients made decisions that led to re-incarceration, participant hope was often impacted. When asked how clients returning to prison impacted her hope, Emily stated honestly, "I'm not gonna lie, it's hard. As a worker it's totally hard". Maya recounted several difficult situations that impacted her hope: "When someone dies of an overdose or someone is murdered or someone who has been articulate and believing in themselves gets into what I call 'The Pit', and it's hard for them to see their own value". Maya described "The Pit" as a deep state of depression, where clients appeared incapacitated by hopelessness. In these situations, Maya offered her clients support, but in the end, it was up to clients to

act. Finally, Roberta spoke about one of the hardest situations to combat as a reintegration professional: "The one thing that challenges my own personal hope is when clients give up". In those situations, Roberta described wanting to help, but understanding that the client needed to make the first step towards change. These feelings of helplessness seemed to challenge participants' hope, because they felt there was little they could do to change the circumstances.

Summary

The findings in this section were compiled from the accounts of five community-based reintegration professionals who worked with women on parole/probation. Common elements among the participant accounts were constructed into themes and sub-themes. *Maintaining a Hope-Seeking Orientation* was the overarching theme of this study which seemed to represent participants' view of hope in their work. Six important beliefs appeared to help participants sustain hope in their work: (a) Success and Failure are Steps on the Journey, (b) Clients Can Change With Support, (c) One Person Can Make a Difference, (d) Everyone is Deserving of Respect and Hope, (e) Hope is Always Available, and (f) Hope Helps People Carry On. These beliefs were understandings that supported the professionals' overarching hopeful perspective towards their work.

Participants identified two processes through which hope was maintained at work and utilized with clients: implicitly and explicitly. These processes under-girded the practices that participants employed to support hope for both themselves and clients. Included in these practices were specific ways of thinking, relating, and acting that helped to sustain hope, including (a) recognizing possibilities and options, (b) relationships and support, and (c) self-care. Conversely, participants described that hope

could be challenged by (a) the perception of limited possibilities and options, (b) lack of relationships and support, and (c) circumstances out of their control for both themselves and their clients.

CHAPTER FIVE

Discussion

The purpose of this study was to explore reintegration professionals' accounts of hope and their understanding of hope from their clients. This study was based on my curiosity about the role of hope for reintegration professionals who worked with women on parole/probation in the community. Participants in this study spoke easily about hope in the context of their work, including experiences that fostered and threatened their sense of hope. Participants also shared their perceptions about the impact and importance of hope for clients. Together, the findings of this study suggested that (1) hope played an important role in the work experiences of reintegration professionals who worked with women on parole/probation and (2) professionals believed hope was a crucial element in the reintegration process for women released from prison.

The findings of the current study shared some similarities with previous research findings on hope, including aspects of several hope models, the importance of hope in relationships, and the concept of a hopeful orientation to life. Previous research findings on how hope was experienced and understood by helping professionals was examined in light of the ideas and understandings generated from the current study. Specific aspects of hope from the present study, including (a) hope as a protective factor, (b) hope as a skill to be learned, (c) the coexistence of hope and hopelessness, (d) hope and possibilities, (e) false or unrealistic hope, and (f) perceptions of the impact of hope on the reintegration process were also discussed. Finally, limitations of the study, directions for future research, and recommendations for reintegration professionals working with women on parole/probation and their employers were proposed.

Participants' Accounts in Relation to Previous Models of Hope

The majority of hope models originated from the field of healthcare, specifically nursing. Commenting on this fact, Larsen et al. (2007) wrote, "Most models of hope are derived from varying qualitative methodologies and differing populations but have significantly overlapping elements" (p. 402). Regardless of their origin, these models were utilized and examined with different populations, across many contexts. Within the research literature, hope was often identified as an active, ongoing process, rather than a simple outcome (Bernard, 2000; Cutcliffe, 2004; Edey & Jevne, 2003; Keen, 2000; Larsen et al.; Morse & Doberneck, 1995; Stephenson, 1991). Speaking from the field of counselling, Larsen et al. suggested that "hope and working with hope be considered as a conversational process rather than an outcome" (p. 406). The concept of process denoted movement or action. Several hope models possessed active, behavioural components (Benzein et al., 2000; Dufault & Martocchio, 1985; Farran et al., 1995; Snyder et al., 1991; Stephenson). In interviews with cancer outpatients, Eliott and Olver (2002) noted that when participants used the word *hope* in its verb form, they engaged in the action of hoping. Hoped for outcomes or objects were determined by the individual (e.g., I hope to die with dignity) and did not require legitimization from outside sources. Conversely, when patients used hope as a noun it was often determined by an outsider (e.g., a doctor) and patients experienced little control over it. Participants in this study also discussed hope as an active process. They described hope, for both themselves and clients, as a dynamic, intensely personal phenomenon. Specifically, finding hope did not appear to be a destination; rather, hope seemed to encompass a lifelong journey of facing hardships with a hopeful attitude, overcoming obstacles rather than being overcome, and striving to

make a difference in the lives of others.

Participants in the current study spoke in terms of hope as a holistic concept which incorporated many areas of their life and work. Like previous multi-dimensional models of hope (Dufault & Martocchio, 1985; Nekolaichuk et al., 1999; Stephenson, 1991), participants described their hopeful experiences in a variety of modalities, including cognitively, affectively, behaviourally, and relationally. Although these models of hope originated from a healthcare context, they shared similarities with participant responses from this study. The six domains from Dufault and Martocchio's foundational hope model illustrated the ways participants incorporated hope in their work. Cognitive aspects of hope from the present study included seeking a hopeful perspective on situations, positive self-talk, and emphases on learning. Affective aspects of hope included the meaning and purpose participants derived from their work and their confidence in the constant availability of hope. Participants shared some behavioural or hope-oriented actions they engaged in, including self-care and participating in spiritual practices. The affiliative dimension of hope was represented through the participants' emphasis on relationships as a vital part of the hoping process. Temporal aspects of hope included participants' attempts to remind clients of past successes and future possibilities. Finally, participants' emphasis on finding hope in adverse situations characterized the contextual dimension of hope.

Hope-Seeking Orientation

As I interviewed participants and reflected upon these conversations, I was struck by the tenacity with which they searched for and appeared to find hope in their work. Despite the often heart-wrenching and seemingly helpless situations professionals in this

study faced with clients, each participant related her attempts to find tidbits of hope in her work for both herself and her clients. This perspective on their work or *workview*, as I termed it, was inherently hopeful. The overarching theme of *Maintaining a Hope-Seeking Orientation* provided a framework for the participants' hopeful beliefs, processes, and practices.

The overarching theme of this study, *Maintaining a Hope-Seeking Orientation* described the hopeful perspective participants brought to their work. This theme encompassed the other major themes in this study, acting as a way to understand how participants' approach to hope was organized. Ingrained within this orientation were participants' beliefs that hope was both necessary and always available for both clients and themselves. Jevne (2005; Jevne & Nekolaichuk, 2003), a leading hope scholar, also proposed the idea of hope as an orientation to life. She suggested thinking of hope as "*an orientation*, and *hoping* as *a search behaviour, as a way of orienting ourselves as we search for that which will enable the optimal physical or emotional survival*" [italics in original] (2005, p. 269). Jevne's emphasis on enabling "physical or emotional survival" seemed very well suited to the work conducted by the reintegration professionals in the present study. This orientation offered a functional way to integrate many dimensions of hope. For example, a hopeful orientation could encompass cognitive, affective, behavioural, goal-directed, motivational, and relational facets. Further, according to Jevne (2005), viewing hope as an orientation to the world recognized that individuals personally configured their own experience of hope based upon their past experiences, current circumstances, and psychological makeup.

Other researchers examining hope in the helping professions identified a similar

perspective on hope. Coming from the field of rehabilitation, Collins and Kuehn (2004) characterized a hopeful orientation as "looking forward to something with desire and confidence, or having an expectation of something desired" (p. 176). Further, in her case study of a domestic shelter worker, Bernard (2000) portrayed hope as a worldview. Illustrating her participant's hopeful worldview, Bernard wrote, "She describes hope as a lens from which she can view the world. Through this hopeful lens human nature is viewed in a positive fashion and there is a strong belief in our ability to create positive change" (p. 71). In addition, the findings of Collins and Kuehn, Bernard, and this present study all point to the importance of a hopeful orientation in the face of client struggle and despairing situations. It seemed that if reintegration professionals possessed a perspective which allowed them to attend to both hope and despair in a situation, they could work with both aspects. In order to find the hopeful parts of a situation, professionals needed to possess an orientation that allowed them to seek and find hope even when it was not visible initially.

Hope in Relationships

Unless you call out, who will open the door?

-Congolese Proverb-

A common thread ran through much of the hope literature that revealed hope as lived in relationships. Relationships offered fertile ground where many hopeful helping activities took place. In this research, participants offered their thoughts on the importance of recognizing small successes to foster hope, which they observed in the context of the helping relationship. Further, both the relationship itself, and the many actions that took place within the relationships appeared to offer and support hope.

Hope Fostered Through Relationships

Consistent with the literature, participants in this research described their beliefs about the significance of hope in relationships. Generally, the theme *Hope Sustained Through Relationships and Support* highlighted the importance of relationships to foster hope for both participants and clients. Participants perceived supportive relationships as a resource to support hope, which needed to be maintained purposefully. More specifically, the theme *Clients Can Change With Support* captured participants' belief in the influential role that supportive relationships played in the reintegration process for women. Support for clients was drawn from a wide variety of sources, including helping professionals, the community, family, friends, and spiritual advisors. The research literature contained many parallels which suggest the importance of hope within relationships, especially during difficult times (Beavers & Kaslow, 1981; Benzein et al., 2001; Bernard, 2000; Dufault & Martocchio, 1985; Eliott & Olver, 2002; Farran et al., 1995; Frost, 2004; Gaskins & Forté, 1995; Jevne et al., 1999; Russinova, 1999; Sutherland, 1993; Wong-Wylie & Jevne, 1997).

Safe, caring, non-judgmental environments seemed vital for the inspiration of hope in relationships (Beavers & Kaslow, 1981; Cutcliffe, 2004; Dufault & Martocchio, 1985; Nekolaichuk et al., 1999). Cutcliffe proposed that genuinely "demonstrating an unconditional acceptance and understanding, [and] listening and hearing the client" (p. 63) fostered client hope in bereavement counselling. Participants in this study related how they tried to build empathic, understanding relationships with clients. Building supportive relationships with clients could be viewed as an implicit hope-fostering strategy (Larsen et al., 2007), as it was perceived to support hope without explicitly using

the word *hope*. Relational themes in this research shared commonalities with Dufault and Martocchio's affiliative dimension of hope. Dufault and Martocchio described the affiliative dimension of hope as "relatedness or involvement beyond self as it bears upon hope" (p. 386) which could include other people, animals, spiritual powers or nature. In Nekolaichuk et al.'s large-scale quantitative healthcare study, the dimension of authentic caring emphasized how relationships needed to possess credibility and authenticity to inspire hope. Authentic caring could also be understood as representative of the type of supportive relationships participants in this study described trying to build with clients. For example, both relationships based on Nekolaichuk et al.'s dimension of authentic caring and the relationships described by participants in this study emphasized authenticity on the part of the professional, respect for the client, and building trust.

Conversely, hope could threatened by the absence of caring relationships. The theme *Hope Challenged by Lack of Relationships and Support* drew attention to the beliefs participants in this research shared about the negative impact on hope when supportive relationships were absent. Further, a component of the theme *Hope Challenged by Things Out Of One's Control* depicted participants' frustration when working with government systems and bureaucracies that did not help or support their clients. Previous research literature echoed these findings, as the absence of responsive, supportive relationships was identified as a potential threat to hope (Bernard, 2006; Cutcliffe, 2004; Jevne, 2003; Wong-Wylie & Jevne, 1997). Studying hope-fostering and hope-threatening interactions for students during the doctoral dissertation process, Bernard found that non-responsive relationships negatively impacted student hope. According to Bernard, non-responsiveness included ineffective leadership and ineffective

working approaches from supervisors or similar authority figures. Similarly, in Wong-Wylie and Jevne's study of hope-influencing interactions between HIV patients and physicians, experiences like being regarded as a case instead of a person, feeling disconnected from the physician, and feeling dismissed by the physician threatened patient hope.

"Holding" and "Borrowing" Hope in Relationships

In Western cultures, hope was often spoken of as a tangible quality which could be given or received by individuals (Eliott & Olver, 2002). The notion that one person could *borrow* hope from another in a relationship was illustrated in the literature. Beavers and Kaslow (1981) described the act of seeking help from a therapist or helping professionals as a sign of client hope. They viewed the initial discouragement that clients entered counselling with as slowly replaced with hope and positive affect borrowed from the professional. The notion of borrowing denoted sharing and reciprocity. What was once borrowed was usually returned. In a lyrical illustration, Jevne (1999) wrote:

> Hope can come on loan from others. Borrowing hope from another person doesn't deplete hope at all. It's just as full as ever, and sometimes fuller. And borrowed hope can be just as effective as hope generated in the moment. In short, borrowed hope works. (p. 29)

Jevne highlighted that borrowed hope was not limited to people in close-proximity relationships. Hope could be borrowed from those no longer living, songs, dreams, and even fictional characters.

In a comprehensive literature review of hope scholarship, Eliott (2005) noted that personal stories were a powerful way to share hope with others. Stories of success might

offer a practical vehicle through which hope could be borrowed from others. Studying the development of hope during HIV peer counselling, Harris and Larsen (2007) concluded that the peer counselling relationship offered a unique opportunity for peer counsellors to share real-life stories and foster hope. In the current study, professionals described sharing success stories as a powerful way to offer hope to clients. Additionally, in her study of helping professionals, Janzen (2001) noted that novice professionals may have found it helpful to borrow hopeful stories from more experienced colleagues or mentors. Drawing from the hopeful work experiences of others may have helped to sustain novices as they built their own treasure trove of hopeful stories.

Professionals *holding* hope for clients was another idea that elucidated the hoping process within helping relationships and seemed to bear relevance on the findings of this research. The idea of *holding* connoted a reservoir or container. Likening hope to a physical quality, when client hope faltered, the professional could offer stability by holding onto or carrying client hope. When clients were ready, they could reclaim their hope from the professionals' safekeeping. Describing how therapists and clients could balance hope and hopelessness, Ruvelson (1990) proposed that therapists needed to hold hope in the relationship when clients had none: "Dealing with a client's intractable hopelessness… requires of the clinician a delicate balance of accurate empathy for the client's despair, and a sincere but not always necessarily spoken conviction in her or her ability to improve" (p. 146). Similarly, participants in this study described needing to balance real client struggles with a hopeful perspective. Viewing the therapist as a repository for hope, Cutcliffe (2004) also alluded to the idea of holding hope, without specifically using the terminology. Three participants in the current study spoke about

holding hope for clients. Maya shared her story about working with clients through the ups and downs of the reintegration process. She held onto the memories of her clients' more hopeful moments and reminded the clients of these moments during low points. Speaking more implicitly about hope, Emily shared:

> Most of the time the women don't believe they can do it or don't believe that there's light at the end of the tunnel. But I'll hold that belief for them. That there is. That there can be. And that there's these different ways that we can get to the light at the end of the tunnel.

Participants in this study also shared their perception that clients drew hope from external sources, like reintegration professionals or family. In a very real sense, professionals seemed to see themselves as *holding* hope so that clients could *borrow* it, while they transitioned back into the community. Through this process, participants hoped that clients would eventually learn to support their own hope more independently. Edey and Jevne (2003), two leaders in hope-focused counselling approaches, shared this developmental, growth-oriented stance on hope. In a simple example, Edey and Jevne described one approach counsellors could use with clients to awaken a growing sense of hope:

> If we say, "Choose a picture that would remind you of hope when you wake up in the morning" we will begin a process. The client will envision a picture, get that picture, and put it in a prominent place. The picture will be a permanent invitation to think about hope. (p. 47)

Over time, clients could build on this growing awareness and learn to hold and foster their own hope.

Qualities of Hope Inspiring Relationships

Participants in this study sought to build hope-inspiring relationships with clients. Both caring and respect appeared to be common elements understood to foster hope within relationships, as described by both participants in the present and in previous research literature.

A caring and supportive environment was presented as characteristic of hope-inspiring relationships in much of the research literature on hope (Cutcliffe & Barker, 2002; Cutcliffe & Grant, 2001; Wong-Wylie & Jevne, 1997).The theme *Hope Sustained Through Relationships and Support* portrayed the link participants described between support and hope. Within the working relationship, participants described listening to, encouraging, building trust with, and standing alongside their clients during happy and hard times. Participants in the present study identified supportive relationships as a vital component in the reintegration process for clients. In his study of bereavement counselling, Cutcliffe (2004) nicely summed up the value of support by pointing to its absence: "When one considers that hopelessness abounds in a destructive/disabling environment, the inverse becomes more evident: that hope abounds in a supportive environment" (p. 82). Simply put, a caring and supportive environment was repeatedly identified as conducive to fostering hope (Cutcliffe, 1995, 1996, 2004; Cutcliffe & Barker; Cutcliffe & Grant; Frost, 2004; Jevne, 1991, 1993; Nekolaichuk et al., 1999; Wong-Wylie & Jevne).

Respect also appeared to be a crucial aspect to foster hope in relationships. Participants in this research described offering respect for clients through a non-judgmental, empowerment-focused, and authentic relationship. The theme *Everyone is*

Deserving of Respect and Hope illustrated participants' belief that both respect and hope were basic human rights. It also encompassed the actions participants took to respect their clients, including maintaining a non-judgmental attitude and empowering clients to make their own decisions. Withholding judgment allowed participants to respect clients' individuality, instead of imposing outside beliefs on the clients. Further, empowerment respected clients' ability to make decisions, based on individual circumstances and personal values; it also involved professionals offering clients information and opportunities to make these decisions. Professionals' willingness to act authentically appeared to respect clients by building genuine, trusting relationships. Participants shared personal life stories, role-modeled, and acted honestly with clients in an attempt to show clients that professionals were also human beings who both succeeded and made mistakes. In Benzein and Saveman's study (1998a) of nurses' perceptions of cancer patients' hope, nurses perceived that being respected by healthcare professionals significantly impacted patient hope. Further, Wong-Wylie and Jevne (1997) described *being known as human* as a significant way in which patients' hope was fostered through respectful treatment. Similarly, Cutcliffe (2004; Cutcliffe & Barker, 2002) emphasized the importance of helping professionals respecting clients by communicating authentically. As one participant in this study phrased it, "[Hope is] not something you can fake".

The Impact of the Helping Professionals' Hope on Client Hope

In his grounded theory of hope and bereavement counselling, Cutcliffe (2004) held strongly to the understanding that the professional was the primary source of hope within the helping relationship. He stated, "The person responsible for bringing hope into

the therapy is the counsellor or therapist" (p. 56). Although participants in this study seemed to agree with Cutcliffe's assertion that possessing hope was necessary for professionals to inspire it in clients, participants did not describe the professional as the sole source of hope. Participants in this study identified additional salient sources of hope, including client successes. Interestingly, this particular source of hope, client successes, seemed to impact both participant and client hope. In that sense, hope within the professional-client relationships explored in this study appeared to be mutually influencing. A study of practitioners working with survivors and perpetrators of sexual abuse (Wilkes, 2002) also described hope as a reciprocal phenomenon between professionals and clients within helping relationships. The reintegration professionals in this study portrayed themselves more as facilitating the growth of client hope, rather than dispensing it. The way participants talked about imparting hope seemed more akin to uncovering hope that was already assumed to be present and empowering clients to seek and find personally meaningful sources of hope.

The Current Study in the Context of Literature on Hope and Helping Professionals

Although little research has been previously conducted specifically examining how hope was experienced and sustained by helping professionals, there were several studies that offered valuable insights into this area. The current study added to this growing body of research. In light of the current findings, Wilkes (2002), Janzen (2001), and Cutcliffe (2004) offered perspectives about hope and helping professionals which were worthy of attention. Focusing in-depth on each of these three studies allowed informative similarities and contrasts from each study to be compared to the current study.

Wilkes

In her research study, Wilkes (2002) examined accounts of hope from six practitioners who worked with survivors and perpetrators of sexual abuse. Three sources of motivation for participants in her study shared similarities with reports from participants in the current study. One participant in Wilkes' study described her belief in clients' ability to change and witnessing client successes as sources of professional motivation that influenced her hope. Similarly, in the current study's sub-theme *Small Successes Perspective Fosters Hope*, participants shared the belief that recognizing and celebrating small successes fostered hope for both themselves and clients. Also in line with Wilkes' participant was the sub-theme from the present research of *Clients Have the Strength to Change*. This sub-theme stressed participants' confidence in clients' strength and capacity to enact life change. Another participant in Wilkes' study shared her drive to do "something worthwhile" (p. 109) as a personal motivation to strive to influence client hope. This motivation resembled the participants' beliefs in the current study that *One Person Can Make a Difference*. Both doing "something worthwhile" and making a difference seemed to highlight participants' belief in the meaningfulness and purpose of their work.

Participants in Wilkes' (2002) study identified two strategies they used to impact hope shared by participants in the current research. She wrote: "Humor is useful in many situations and the practitioners in this study use humor in their lives to enhance hope in their clients of sexual abuse and themselves" (p. 104). Wilkes reported that every participant in her study spoke about humour as a central part of their personal and professional identity. Maya was the only participant in the present study who referred to

intentionally using humour to support hope for both herself and her clients. She highlighted the importance of laughing at oneself to cope with ups and downs in life for both clients and herself. As was prevalent in hope research, Wilkes' participants also identified their perception that hope was influenced through relationships. In the current study, relationship-oriented practices understood to influence professional and client hope were characterized by the theme *Hope Sustained Through Relationships And Support.* Participants in both studies shared about their belief in the influence of relationships on hope.

Janzen

The current study paralleled some similar findings from Janzen's (2001) research on experiences that influenced hope for helping professionals. Due to the nature of their work, the participants in both studies shared commonalities, including engagement in front-line "social" work, active spiritual beliefs, and the potential for burnout, vicarious traumatization, or compassion fatigue. Participants in both studies also possessed a range of experience, spanning between approximately three to thirty-one years in their respective fields.

Janzen's (2001) first of four main themes, *Hope and Change* described her participants' understanding of the connection between hope and change. In her study, each participant's definition of hope included "a comment about hope being the possibility that things could change, particularly that they could change for the better" (p. 52). Similarly, the present study's theme *Clients Can Change With Support* described participants' confident belief in clients' ability to make positive life changes. When the participants in Janzen's study considered the connection between hope and change, they

also highlighted the importance of acknowledging small changes. She wrote that it was important to "view these tiny steps as hopeful and inspiring" (p. 52). Like Janzen's findings, the sub-theme in this study, *Small Successes Perspective Fosters Hope*, emphasized the value of small successes and their impact on hope. Participants in both studies spoke about acknowledging small successes and changes as ways to engender hope for both themselves and their clients.

In the theme *There is Hope in Seeing the Bigger Picture*, Janzen (2001) depicted her participants' openness to view the challenges of life as opportunities to learn. Waiting for hopes to unfold, finding meaning in the belief that participants' work makes a difference, and a connection to spirituality characterized this theme. The components of this theme paralleled thematic content from the present study. Like Janzen's theme, the current study's theme entitled *Hope Maintained Through Perspective on Life* incorporated participants' openness to learning from and finding glimmers of hope in every situation. Similarly, the theme *Life is a Journey* tried to portray the "bigger picture" from which participants viewed their work. Instead of simply focusing on short-term circumstances, it seemed that both sets of participants sought to view life as an ongoing process which contained triumphs and mistakes to learn from. In the current study, participants' assertions about the impact one person could have were categorized under the theme *One Person Can Make a Difference*. Participants in both studies referred to how recognizing meaning and purpose in their work encouraged their own hope. In the current research, the contribution spirituality made to hope was categorized under the sub-theme of *Hope as a Resource*. Like Janzen's participants, the current participants also highlighted how spirituality acted as a resource to encourage hope. In both studies,

participants shared their perceptions about the importance of being open to learn from every situation, believing that their work made a difference in the lives of their clients, and connecting with spiritual resources.

Janzen's third theme entitled *Paths to Hope* represented the different avenues through which helping professionals in her study received hope. Utilizing a banking metaphor, she stated that her participants had "a number of different hope accounts" (p. 65), which allowed them to access hope from many sources. Participants in Janzen's study described hope stemming from stories, memories, hope symbols or objects (e.g., a broach), and hope metaphors. In the current study, participants also shared that their hope was fostered in a variety of ways. Family, friends, client successes, self-care, and envisioning possibilities in life for both themselves and clients were a few of the ways participants shared their hope was encouraged. Quite simply, Emily voiced an idea which seemed to capture the multitude of ways participants in both studies describe sustaining their hope: "There's lots of little things that give me hope". Reflecting on the many ways participants in my study fostered their own hope, I wondered if the hopeful orientation they brought to their work facilitated the fruitful ways they maintained their hope.

Finally, Janzen's (2001) theme *Hope is Influenced by Relationships* described the role relationships played in hope for helping professionals. Within these relationships, giving and receiving respect were deemed to be crucial. In both studies, participants shared how hope was encouraged and threatened through relationships with others, themselves, and government systems (e.g., child and family services). In the current research, the theme *Hope Sustained Through Relationships And Support* underscored the importance participants placed on relationships in the maintenance of hope. Participants

spoke about supportive relationships as a foundation to begin building hope with clients. Within a safe, caring relationship, reintegration professionals worked with clients to uncover current glimmers of hope in life, share hopeful stories, and offer possibilities of hope for the future. For example, a professional might have begun by highlighting a client's small success of attending a Narcotics Anonymous meeting, shared a story about another woman parolee who overcame a heroin addiction, and imparted her belief that the client also had the strength to conquer addictions. Like Janzen's findings, participants in this study also underscored the importance of respect and acceptance in hope-oriented relationships. The theme *Everyone is Deserving of Respect And Hope* described participants' efforts to respect clients and participants' perceptions that respect fostered client hope. Experiencing respect within the helping relationship may have also cultivated clients' belief that they were worthy of respect.

Cutcliffe

In a grounded theory study, Cutcliffe (2004) explored therapist and client perceptions of hope inspiration during bereavement counselling. His study was groundbreaking, due to the fact that he was one of the first researchers to examine both professionals' attempts to foster hope and clients' perceptions of hope in the counselling relationship. However, the reader should be aware that client and counsellor views on hope in the counselling relationship were mixed when assessing this study. Combining client and counsellor accounts may have masked differing perceptions of hope within the therapeutic relationship, losing the distinctive perspective each group may have possessed.

In his study, Cutcliffe (2004) approached hope as a tangible entity. Specifically,

hope was viewed as a commodity of which individuals possessed either more or less. Within the counselling relationship, the therapist was thought to possess hope which was then imparted to clients. Once given to clients, Cutcliffe perceived that hope must be refilled *into* the therapist from another source. According to Cutcliffe, the counsellors' primary replenishing source of hope was clinical supervision. Janzen (2001) noted a similar theme that helping professionals, especially novices, gained hope from colleagues or supervisors who offered guidance and support. While mentoring and supervision were likely sources of hope for helping professionals, participants in the present study did not report this. This was an interesting finding when considered in the light of Cutcliffe's assertion that "if the counsellors do not continue receiving clinical supervision, then it follows logically that eventually they will reach a point where they can no longer inspire hope" (p. 57). It was possible that pointing to the supervisor as the professional's sole source of hope was problematic as it begged the question, "Where did the clinical supervisor's hope come from?" creating an unending, backwards regression in search of the origin of hope.

Alternatively, or perhaps in addition to Cutcliffe's (2004) position, hope could be viewed as a dynamic, generative phenomenon. That is, hope might be co-created within the helping relationship, as evidenced in the current study. Speaking specifically to counselling relationships, hope researchers Larsen et al. (2007) illustrated this point when they discussed how hope could be generated within the interaction between therapist and client: "Therapy becomes a process during which both the client and counsellor contribute to the creation of hope and both have the opportunity to experience it" (p. 410). Two participants in the study, Maya and Ann, expressed the idea that hope was

generative. Ann offered the metaphor that hope was like a pebble tossed into a still pond which spread ripples across the surface. Her imagery seemed to capture the productive and far reaching impact hope could have. As a creative, ever-renewable resource, hope had the potential to offer a tremendous source of energy for change.

In contrast to Cutcliffe's (2004) theory, participants in the current study named clients as a major source of hope. Once again, this illustrated the potential for mutually influencing aspects of hope within the helping relationship. Maya offered how her clients' hope influenced her own hopefulness, stating, "Their hope breeds my own hope". Edey and Jevne (2003) also illustrated how clients offered hope to their therapists. Hearing phrases like, "You are different from all other counsellors" and "You have given me some new ideas" (p. 44) were one way that they described clients' impacting counsellor hope. Edey and Jevne concluded, "When the counselling relationship is truly a partnership, then the transfer of hope is not a one-way process" (p. 48).

Hope as Protective for Professionals

Research on the effects of chronic exposure to client problems, illnesses, and violence has suggested that helping professionals could be prone to frustration and emotional exhaustion in their work, two major contributors to professional burnout (Acker, 1999; Ratliff, 1988; Wykes et al., 1997). Experts in the field of professional burnout defined burnout as "a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who work with people in some capacity" (Maslach, Schaufeli, & Leiter, 1996, p. 4). As a hope researcher, Snyder (1994) defined burnout as the absence of hope. One participant in the current study, Maya, seemed to connect lack of hope with increased professional burnout.

She described professionals who burned out as potentially unable or unwilling to seek hope in their own lives or the outside world.

Hope may have acted as a protective factor for reintegration professionals who faced difficult client situations. In the present study, each participant described maintaining her hope as a necessity to continue working with women on parole/probation. In the context of psychological and physical rehabilitation, Collins and Kuehn (2004) suggested that "coping with everyday situations, as well as distressing circumstances, requires the ability to deal with situations effectively while maintaining emotional stability. This is not likely to be accomplished without a healthy level of hope" (p. 181). Following interviews with two helping professionals, a psychotherapist and a school social worker, Shechter (1990) proposed that hope assisted helping professionals to envision hopeful possibilities, even in the midst of client tragedies. Similarly, the current study's sub-theme *Failure Is Not The End* may have captured one way that hope supported professionals in their work. By recognizing that success and failure were a natural part of life and emphasizing that the future still held possibilities, hope may have allowed participants to avoid being overwhelmed by the harshness of their clients' situations. The current participants described the importance of finding glimmers of hope, even in painful circumstances. For example, Ann described initially reacting to a client's violent and irresponsible parenting with anger and sadness, but needing to reprocess the situation to find small hopeful possibilities.

Hope as a Skill to be Learned

Previous research pointed to the effectiveness of hope-based interventions designed to teach individuals the skills to engage in hopeful thought processes

(Cheavens, Feldman, Gum, Scott, & Snyder, 2006; Klausner et al. 1998). Similarly, the field of positive psychology emphasised "exploring constructive concepts such as hope and the identification of affirmative resources and strategies to support 'learned hopefulness'" (Hollis, Massey, & Jevne, 2007, p. 53). In this study, participants described hope as a skill that both professionals and clients could learn. Learning how to seek and find hope could be developed over time. Even if clients had difficulty finding hope in their lives initially, they could acquire the practical skills to sustain their own hope. Hope researchers Edey and Jevne (2003) shared this growth-oriented perspective on hope and offered thoughts on how hope could be learned. Through the use of hope-focused counselling techniques which "make hope visible" (p. 47), therapists were able to raise clients' awareness of hope in everyday life. Once clients began thinking and acting intentionally on hope, they could proceed to finding personally meaningful ways to build and sustain their hope. In their book entitled "Finding Hope: Ways to See Life in a Brighter Light", Jevne and Miller (1999) list naming hope when it was found, highlighting hope when it was encountered, internalizing hope, expressing hope verbally, and preserving hope so it was available when needed as ways to "practice hope" (p. 47). Referring to concert pianists and Olympic athletes who constantly train to perfect their skills, Jevne and Miller concluded that like any other skill, being a hopeful person required practice.

The Coexistence of Hope and Hopelessness

Few discussions about hope could occur without reflecting on the concept of hopelessness. In fact, some theorized that understanding hope was not possible without understanding hopelessness (Farran et al., 1995). Farren et al. defined hopelessness as "a

feeling of despair and discouragement; a thought process that expects nothing; and a behavioural process in which the person attempts little or takes inappropriate action" (p. 25). The relationship between hope and hopelessness has been conceptualized in several ways. First, hope and hopelessness could be viewed as two opposing concepts, representing mutually exclusive phenomena (Herth, 2005; McGee, 1984). Similarly, Lynch (1965) put forth that hope and hopelessness were related, yet opposite experiences. Another perspective on hope and hopelessness suggested that the two may coexist. This perspective recognized the two phenomena as common parts of human life, which may co-occur (Larsen et al., 2005), but which vastly differ in nature (Kylma, Turunen, & Marja-Leena, 1996).

Participants in this study spoke about hope coexisting with hopelessness. This idea fit well with participants' accounts of finding hope in painful situations. Maya offered her story about how hope was present, even in a discouraging situation:

> This week was one of those, "People I've known for ten years coming-off-the-rails" experience. I don't know, Monday or Tuesday, it's like three people I've known for ten years are massively immersed in their addiction again. And those moments when I get off the phone, begin with "Awwhh" [Participant sighs dejectedly]. But they reached out. They're alive. They reached out. I was able to suggest some resources… And that hope bubbles *in that very moment.*

Elaborating on the story later, she added, "So it's sort of the horror of the reality, along with the hope that they reached out. So that it's intermingled". Interestingly, Maya also described explicitly using the word *hope* with her clients primarily when clients seemed at their lowest, most hopeless point. It seemed that in the presence of extreme

hopelessness, the need for hope to co-exist became even more pronounced.

Other authors wrote about the intermingling of hope, suffering, adversity, and hopelessness within helping relationships. Jevne (2003) wrote: "Unlike positive thinking, hope does not deny the experience of suffering. Rather it allows patients to cohabit with it" (p. 198). Speaking from her experience as a family therapist and supervisor, Flaskas (2007) emphasized the idea of the coexistence of hope and hopelessness. Recognizing the multi-faceted nature of human experience allowed for "the possibility of strong hope and strong hopelessness existing side by side" (p. 189). This idea seemed to echo statements made by participants in the study. Similarly, Ruvelson (1990) described the need to balance hope and hopelessness in therapeutic relationships. She stressed that therapists need to both empathize with clients who felt hopeless and offer hope and belief that clients could overcome their situation. Working with the tension between these two states acknowledged the possibility that hope and hopelessness existed side-by-side. As participants in this study spoke about their attempts to find and impart hope, they emphasized respecting the hopeless feelings clients may have been experiencing.

Hope and Possibilities

The ideas of hope and possibility appeared to go hand-in-hand (Benzein et al., 2000; Bernard, 2000; Collins & Kuehn, 2004; Jevne & Nekolaichuk, 2003; Keen, 2000; Massey, 2004). The concept of hope seemed to inherently contain the idea that possibilities and alternatives existed. Examining the meaning of hope for healthy, nonreligious individuals, Benzein et al., articulated that "the experience of meaningful possibilities in life releases hope into energy and activates thoughts and feelings" (p. 308). Often, hopes contained the desire for a situation that was different than the one

currently experienced. For example, a woman parolee's hope to reunite with her children in foster care contained the possibility that the current situation of separation would change. The hope for a future free from working in the sex trade contained the possibility of a life without sexual violence, degradation, and exploitation for a woman on probation.

Conversely, participants in this study also described the perception of limited possibilities and few options as a threat to hope. Examining the construct of hope within the field of rehabilitation, Collins and Kuehn (2004) proposed, "Hope provides the individual with a positive option that negates perceived rejection and failure [and] minimizes loss" (p. 175). Collins and Kuehn perceived that the idea of a "positive option" may help individuals cope with and work through difficulties. If this hopeful option was removed, individuals may have felt trapped in their situation and hope would have been jeopardized. Describing the hopes of cancer patients, Jevne and Nekolaichuk (2003) reflected, "They want to hear that there are exceptions and that statistics are not the only issue" (p. 187). In this statement, they referred to the search for possibilities, not just probabilities. Jevne and Nekolaichuk also described how hope allowed individuals to endure uncertainty. For although uncertainty in life presented the chance of risk it also left room for hope, unanticipated possibilities, and unexpected good outcomes.

In the current study, participants described their attempts to illuminate possibilities in their clients' lives. Highlighting possibilities was an implicit way that participants could attempt to foster hope without using the word *hope* explicitly (Larsen et al., 2007). Participants shared their observations that client hopes for different life-options went through a process. Immediately following release from incarceration, participants reported their understanding that clients hoped to obtain basic needs for

survival, like food and shelter. Over time, participants reported their observations that clients began hoping for more intangible things, like happiness or a "normal" life. Participants also shared their belief that client hope was impacted by the recognition of possibilities in life. This belief seemed to impact professionals' actual practices while working with clients. Participants spoke about intentionally showing clients the options available to them, especially when clients felt like all the doors were closed. For example, providing a newly released client with information about community resources like food banks and subsidized housing was understood by participants to offer the possibility and pathways to meet basic needs. Recognizing the availability of options may have been especially salient for women on parole/probation, because possessing a criminal record could close many doors to employment opportunities and acceptance into housing or educational programs. Illustrating the impact of illuminating possibilities on clients, Hanna (2002) offered, "The gift of hope is the gift of a desirable future. Thus, building hope is done through any approach that can make the future more tolerable" (p. 265).

False or Unrealistic Hope

When introducing the idea of inspiring or supporting hope with clients, especially for those dealing with difficult situations, concerns could be raised about imparting *false hope*. Fear of false hope seemed especially prevalent in healthcare settings, where patients might hope for outcomes deemed improbable by medical professionals (e.g., being cured from cancer).

Eliott and Olver (2002) proposed a thought provoking point regarding realistic and unrealistic hope stemming from their work with cancer outpatients. They noted that the idea of realistic hope was based upon the assumption that individuals shared an

objective reality. This perspective failed to recognize that clients and professionals viewed circumstances subjectively and may have attended to different parts of a situation. Participants in the current study emphasised how they tried to practice in a client-centered manner which acknowledged that client and professional perspectives might differ. Maya illustrated this point specifically. When she mentioned that her hope was fostered by clients having "reasonable goals", I misunderstood her to mean goals that *she* realistically saw happening. However, Maya corrected me: "That *they* can see might actually happen. Cuz actually doesn't matter what I think. It matters what the individual woman sees as the carving out of her life". These differences between client and professional perspectives also appeared central to participants' respectful attempts to foster client hope by uncovering glimmers of hope in the client's situation. As professionals viewed client situations from a different viewpoint, they may have been able to uncover hopeful pieces which the client was not aware of initially.

Participants in this study did not mention the concept of false hope. However, two participants discussed the importance of setting "realistic" goals and creating concrete plans to reach them. When conducting release planning with women leaving correctional facilities, Ursa highlighted the importance of creating goals that the client saw as realistically attainable. Maya described collaboratively developing concrete steps to reach a goal as more hopeful for both herself and the client because the client was more likely to reach the goal. For example, "I want to continue with my education. I've applied to such-and-such school. I've applied for funding in such-and-such place. And I'm hoping after this one-year or two-year course, that it will help me to get in the field of [my choice]". However, when participants did not share their clients' hope, their emphasis on

respecting clients allowed professionals and clients to hold individual hopes that were not shared.

Focusing on the professionals' view of "realistic" goals, Janzen (2001) wrote, "It may be important for helpers to have realistic hopes for their clients and not expect too much or too soon" (p. 58). She tied this perspective on realistic goals into her study's participants' acknowledgement of small client changes. Participants in the current study also emphasized the importance of acknowledging small successes as a way to foster hope for both professionals and clients. Success was a subjective concept. Janzen agreed: "What may appear to be small changes to others, may in fact be large and difficult for the client to have accomplished" (p. 58). Rather than assuming clients could achieve goals or hopes set by the professional, professionals drew direction from clients to collaboratively create "realistic" goals, as deemed by the client.

Perceptions of Impact of Hope on the Reintegration Process

To date, no research literature was found exploring how women on parole/probation experienced hope. However, participants shared their belief that hope was a vital part of the reintegration process. Examining the construct of hope within the physical and psychological rehabilitation process, Collins and Kuehn, (2004) proposed that "engendering high levels of hope may be significant in goal setting, facilitating behaviour change, and adjustment" (p. 180). Goal setting, behaviour change, and adjustment to new challenges and new living environments have been significant components of leaving a correctional facility and transitioning back into the community. Hope has been positively associated with characteristics which likely facilitate reintegration, including self-efficacy (e.g., Irving, Seidner et al., 1998; Magaletta &

Oliver, 1999), self-esteem (e.g., Kashdan, Pelham, Lang, Loza, Jacob, Jennings, et al., 2002; Snyder, 1995), well-being (e.g., Kashdan et al.; Magaletta & Oliver), problem solving (e.g., Chang, 1998; Snyder, 1995; Snyder et al., 1991), coping ability (e.g., Chang & DeSimone, 2001; Herth, 1998; Irving, Snyder, & Crowson, 1998; Iving, Telfer, & Blake, 1997), and abstinence from substance use (Irving, Seidner et al.). As such, it seemed like hope would be a natural contributor to the reintegration process.

Hanna's Precursor Model of Change.

Hanna (2002) proposed a therapeutic model of change based upon seven precursors which were thought to stimulate the change process. Hope was one of these precursors. Hanna described hope as the expectation that the future held desirable possibilities. All five participants in the current study identified their belief that clients must possess hope to enact life change. Hope was described as a starting point for women on parole/probation to begin making adaptive life changes associated with successful reintegration. Hanna appeared to share this view, as he proposed that hope "inspires both action and courage, and it paves the way for the realization of dreams" (p. 93). Although Hanna stated that hope typically played a subtle role in therapeutic change, he also acknowledges that hope may act as a catalyst that ignites other precursors associated with the process of life change.

Motivation and Energy

Participants in the present study perceived that hope helped both professionals and clients to carry on when facing difficult situations. Sutherland (1993) emphasized that hope could be understood most fully in the context of adversity. She proposed that individuals facing adverse situations must choose whether to hold onto or abandon hope.

In the current study, participants seemed to perceive that possessing hope not only offered the possibility of a brighter future, but it also provided the energy to pursue that future. Similarly, Hanna addressed this point by describing life in the absence of hope: "Without hope, life holds little in the way of inspiration or motivation" (p. 93). Hope may offer participants and clients the motivation and energy they need to continue facing the multiple challenges associated with reintegrating into the community.

In college students higher levels of hope, as measured by the State Hope Scale, were associated with feeling more confident, energized, inspired, and positively challenged to achieve life goals (Snyder et al., 1991). One possible reason that higher hope individuals possessed more energy to pursue goals was that higher hope individuals might perceive environmental stressors as obstacles to be overcome rather than insurmountable barriers (Snyder, Cheavens, & Michael, 1999). For reintegration professionals, having hope that clients could succeed may have motivated participants to find additional resources and uncover alternative paths to assist clients. Similarly, possessing hope may also have allowed women on parole/probation to approach challenges during reintegration with the expectation of overcoming them.

Understanding Hope in the Reintegration Process For Women on Parole/Probation

In future research, gathering first-hand accounts from women on parole/probation would begin to address the question of hope's role in the reintegration process for women. Elucidating experiences that fostered or threatened hope could also inform the practice of reintegration professionals who worked with this population. Recent research examining first-hand accounts of hope for clients and therapists in early counselling sessions has been eliciting rich descriptions of hope in-action and client perceptions of

therapist attempts to foster hope (Larsen, Flesaker, & Stege, in press).

Recommendations

Recommendations stemming from research studies can create a bridge between academic research and professional practice. Reflecting on the understanding gained by the current study, practical recommendations are suggested for both reintegration professionals and their employers. Recommendations for reintegration professionals include (a) purposefully seeking hope in challenging situations, (b) building a personal awareness of hope, (c) intentionally utilizing implicit and explicit hope-fostering strategies with clients, and (d) engaging in the hope-sustaining practices identified by participants in this study. Recommendations for employers include establishing workplace practices that encourage reintegration professionals to engage in hope-sustaining activities.

Recommendations for Reintegration Professionals Working with Women on Parole/Probation

Working with women on parole/probation is a challenging job. "The construct of hope acts as a buffer that prevents individuals from experiencing hopelessness and depression when they are faced with loss, failure, unexpected challenges, and lack of success" (Collins & Kuehn, 2004, p. 182). Fostering a hope-seeking orientation appears to offer reintegration professionals an additional way to maintain energy and passion necessary for their work. Reintegration professionals should attempt to purposefully search for hope in their work. Attending to the glimmers of hope in a difficult situation does not necessarily negate recognizing the seriousness or despair of the circumstances, but it may offer the professional and client a place to begin working for positive change.

Hope is repeatedly shown to be crucial to human change processes (Asay & Lambert, 1999; Hubble & Miller, 2004; Lambert, 1992; Lopez et al., 2004), hence, learning about hope and how to work with it explicitly and implicitly may be very useful for reintegration workers. Further, Jevne (2005) reminds us that building understanding of one's own hope may be a starting place for trying to foster hope in others. In order to support hope in clients most effectively, reintegration professionals should build awareness of ways their own hope is encouraged, challenged, and maintained.

During the interview process, participants in this study share two processes, through which hope already operates in their work with clients: implicitly and explicitly. Whether or not professionals feel comfortable explicitly speaking about hope with clients, they can still work with hope implicitly (Larsen et al., 2007). With this understanding, reintegration professionals should intentionally continue their attempts to foster client hope through the use of language (e.g., talking about "never giving up" or "motivation"), acknowledging small successes, and building caring, respectful, and authentic relationships with clients. Professionals can also check with clients explicitly to learn whether these actions are perceived to foster hope.

With respect to specific behaviours that sustain hope for reintegration professionals working with women on parole/probation, three primary practices are acknowledged in this study's participant accounts: (a) recognizing possibilities and options, (b) building and maintaining relationships, and (c) self-care. Reintegration professionals can actively incorporate these practices into their work to support hope for both themselves and, potentially, their clients. Focusing on possibilities, rather than probabilities may provide a more hopeful, energizing perspective on work. Fostering

hope-sustaining relationships with family, friends, and colleagues may also support professionals in their work. Finally, engaging in personally meaningful self-care is a way to holistically care for oneself and maintain the energy needed to support others.

Recommendations for Employers of Reintegration Professionals Working with Women on Parole/Probation

Participants in this study portray hope as a necessary factor in their ability to continue with their work. Although, participants do not specifically discuss their work environments, supervisors, or colleagues in relation to hope, there are actions which could be taken in the workplace to support hope for reintegration professionals working with women on parole/probation. Emphasising practices, like recognizing possibilities, fostering hopeful relationships, and encouraging self-care may support professionals' attempts to sustain hope. For example, professionals could be encouraged to engage in "brainstorming" sessions with other colleagues to find hopeful pieces or possibilities when working with difficult situations. Qualities of hopeful relationships include caring, understanding, authenticity, and respect. These values could be encouraged and practiced within the working environment with employers and colleagues. A practical way to support personally meaningful self-care may be to offer "wellness" days, as well as "sick" days to employees. If reintegration professionals feel enabled by their employers to engage in self-care activities, they may be more likely to engage in them.

Limitations of the Study and Directions for Future Research

Qualitative inquiry provides the opportunity for rich, in-depth descriptions of phenomena. Due to the highly defined focus of this research, including a smaller sample size and a specialized population, these findings should not be generalized beyond the

sample I investigated. However, I hope that this preliminary study will stimulate interest in researching the significance of hope within the reintegration process for both professionals and clients.

This study aims to elucidate accounts of hope from reintegration professionals who work with women on parole/probation. However, during their conversations, the professionals often share their perspective on how their clients might experience hope. While these perceptions are valuable, especially in regards to how professionals *believe* their clients experience hope, they may not actually represent the clients' views. Further research is warranted to explore accounts of hope for women on parole/probation during the reintegration process. Developing an understanding of both client and professional accounts of hope during reintegration meetings should offer valuable insights on a variety of topics, including how professionals' attempts to foster hope are experienced by clients.

Similarly, all of the participants in this study are female. From my own experiences working with predominantly female clienteles in several settings, this seems to be a common occurrence. Males who work with women on parole/probation may share different accounts of their hope. Future studies could purposefully seek out male reintegration professionals to gain their perspectives, as well.

Summary

The purpose of this study was to explore reintegration professionals' accounts of hope and their understandings of hope from clients. Participants in this study spoke easily about hope in the context of their work, including their perceptions of how hope was encouraged, challenged, maintained, and their attempts to foster hope with clients. The findings of this study shared some similarities with previous research findings on hope.

The study also brought to light new ideas and understandings. The hopeful orientation participants possessed offered a useful framework to organize how participants perceived and incorporated hope into their work which was supported by previous theory and research on hope. This hopeful orientation seemed to protect participants by facilitating coping with work-related challenges, including finding glimmers of hope in every situation and uncovering hopeful possibilities for clients and themselves. Participants also identified their strong conviction that hope played a vital role in the reintegration process for women, both as a stimulant for change and a source of motivation and energy. These significant findings open the door for future research on hope during the reintegration process for both reintegration professionals and women on parole/probation. Lastly, the study's limitations, directions for future research, and recommendations for reintegration professionals and their employers were outlined.

References

Acker, G. M. (1999). The impact of clients' mental illness on social workers' job satisfaction and burnout. *Health and Social Work, 24*, 112-119.

Alberta Solicitor General and Public Security. (2007). *Glossary of terms.* Retrieved August 30, 2007, from http://www.solgen.gov.ab.ca/corrections/glossary.aspx#probation.

Angelou, M. (1994). *The complete collected poems of Maya Angelou.* New York: Random House.

Arvay, M. J. (2002). Putting the heart back into constructivist research. In . In J. D. Raskin and S. K. Bridges (Eds.), *Studies in meaning: Exploring constructivist psychology* (pp.201-223). New York: Pace University Press.

Asay, T. P., & Lambert, M. J. (1999). The empirical case for the common factors in therapy: Quantitative findings. In M. Hubble, B. Duncan, & S. Miller (Eds.), *The heart and soul of change: What works in therapy* (pp. 23-55). Washington, DC: American Psychological Association.

Averill, J. R., Catlin, G., & Chon, K. K. (1990). *Rules of hope.* New York: Springer-Verlag.

Beavers, W. R., & Kaslow, F. W. (1981). The anatomy of hope. *Journal of Marital & Family Therapy, 7,* 119-126.

Bennett, L., Ross, M. S., & Sutherland, R. (1996). The relation between recognition, rewards, and burnout in AIDS caring. *Aids Care, 8*, 145-154.

Benzein, E., & Saveman, B. I. (1998a). Nurses' perception of hope in patients with cancer: A palliative care perspective. *Cancer Nursing, 21*, 10-16.

Benzein, E., & Saveman, B. I. (1998b). One step towards an understanding of hope: A concept analysis. *International Journal of Nursing Studies, 35*, 322-329.

Benzein, E., Saveman, B. I., & Norberg, A., (2000). The meaning of hope in healthy, nonreligious Swedes. *Western Journal of Nursing Research, 22*, 202-219.

Benzein, E., Norberg, A., & Saveman, B. (2001). The meaning of the lived experience of hope in patients with cancer in palliative hope care. *Palliative Medicine, 15*, 117-126.

Bernard, S. (2000). *Experiences of hope in a domestic shelter worker: A case study.* Unpublished master's thesis, University of Alberta, Edmonton, Alberta, Canada.

Bernard, S. A. (2006). The impact of hope in the dissertation process: Perceptions of doctoral students. (Doctoral dissertation, University of Alberta, 2006). *Dissertation Abstracts International, 67(4-A),* 1219.

Bloom, B., Owen, B., & Covington, S. (2003). *Gender responsive strategies: Research, practice, and guiding principles for women offenders*. Washington, DC: National Institute for Corrections.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development.* Thousand Oaks, CA: Sage.

Bond, L., & Semaan, S. (1996). At risk for HIV infection: Incarcerated women in a county jail in Philadelphia. *Women and Health, 24(4),* 27-45.

Braithwaite, J. (2004). Emancipation and hope. *Annals of the American Academy of Political and Social Science, 592*, 79-98.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

Bruininks, P., & Malle, B. F. (2005). Distinguishing hope from optimism and related affective states. *Motivation and Emotion, 29,* 327-355.

Sinclair, C., & Pettifor, J. L. (2001). *Companion manual to the Canadian code of ethics for psychologists* (3rd ed.). Ottawa, ON: Canadian Psychological Association.

Chang, E. C. (1998). Hope, problem solving ability, and coping in a college student population: Some implications for theory and practice. *Journal of Clinical Psychology, 54*, 953-962.

Chang, E. C., & DeSimone, S. L. (2001). The influence of hope on appraisals, coping, and dysphoria: A test of hope theory. *Journal of Social and Clinical Psychology, 20*, 117-129.

Cheavens, J. S., Feldman, D. B., Gum, A., Scott, T., & Snyder, C. R. (2006). Hope therapy in a community sample: A pilot investigation. *Social Indicators Research, 77*, 61-78.

Clandinin, D. J., & Conelly, F. M. (1998). Personal experience methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 150-178). Thousand Oaks, CA: Sage.

Collins, A. B., & Kuehn, M. D. (2004). The construct of hope in the rehabilitation process. *Rehabilitation Education, 18,* 175-183.

Correctional Service of Canada. (1999). *The transformation of federal corrections for women: Towards creating choices.* Ottawa, ON: Author.

Correctional Service of Canada. (2002a). *Community strategy for women offenders.* Retrieved December 10, 2007, from http://www.csc-scc.gc.ca/text/prgrm/fsw/wos22/wos22-eng.shtml.

Correctional Service of Canada. (2002b). *Parole and community corrections*. Retrieved December 12, 2007, from http://www.csc-scc.gc.ca/text/faits/facts03_e.shtml.

Correctional Service of Canada. (2005). *A profile of federally-sentenced women on conditional release.* Retrieved December 10, 2007, from http://www.csc-scc.gc.ca/text/pblct/forum/Vol16No1/v16-a9_e.shtml.

Correctional Service of Canada. (2006). *Ten-year status report on women's corrections: 1996-2006.* Ottawa, ON: Author.

Covington, S. S. (1998). Women in prison: Approaches in the treatment of our most invisible population. *Women & Therapy, 21,* 141-155.

Crotty, M. (1998). *The foundation of social research: Meaning and perspective in the research process.* Thousand Oaks, CA: Sage.

Cutcliffe, J. R. (1995). How do nurses inspire and instill hope in terminally ill HIV patients? *Journal of Advanced Nursing, 22,* 888-895.

Cutcliffe, J. R. (1996). Critically ill patients' perspectives of hope. *British Journal of Nursing, 5,* 674-690.

Cutcliffe, J. R. (1997). Towards a definition of hope. *International Journal of Psychiatric Nursing Research, 3,* 687-690.

Cutcliffe, J. R. (2004). *The inspiration of hope in bereavement counselling.* Philadelphia, PA: Kingsley Publishers.

Cutcliffe, J. R., & Barker, P. (2002). Considering the care of the suicidal client and the case for 'engagement and inspiring hope' or 'observations'. *Journal of Psychiatric & Mental Health Nursing, 9,* 611-621.

Cutcliffe, J. R., & Grant, G. (2001). What are the principles and processes of inspiring

hope in cognitively impaired older adults within a continuing care environment? *Journal of Psychiatric & Mental Health Nursing, 8*, 427-436.

Denzin, N. K., & Lincoln, Y. S. (2005). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed., pp.695-727). Thousand Oaks, CA: Sage.

Dowden, C., & Blanchette, K. (2002). An evaluation of the effectiveness of substance abuse programming for female offenders. *Journal of Offender Therapy and Comparative Criminology, 46*, 220-230.

Dowden, C., & Brown, S. L. (2002). The role of substance abuse factors in predicting recidivism: A meta-analysis. *Psychology, Crime, and Law, 8*, 243-264.

Dufault, K., & Martocchio, B. C. (1985). Hope: Its' spheres and dimensions. *Nursing Clinics of North America, 21*, 379-391.

Dufrane, K., & Leclair, S. W. (1984). Using hope in the counseling process. *Counseling & Values, 29*, 32-41.

Edey, W., & Jevne, R. F. (2003). Hope, illness, and the counselling practice: Making hope visible. *Canadian Journal of Counselling, 37*, 44-51.

Eliott, J. (2005). What have we done with hope? A brief history. In J. Eliott (Ed.), *Interdisciplinary perspectives on hope* (pp.3-45). Hauppauge, NY: Nova Science.

Eliott, J., & Olver, I. (2002). The discursive properties of "hope": A qualitative analysis of cancer patients' speech. *Qualitative Health Research, 12*, 173-193.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215-229.

Ely, M., Vinz, R., Downing, M., & Anzul, M. (1997). *On writing qualitative research:*

Living by words. Philadelphia, PA: Routledge/Falmer.

Erikson, E. H. (1964). *Insight and responsibility*. New York: WW Norton Publishing.

Farran, C. J., Herth, K. A., & Popovich, J. M. (1995). *Hope and hopelessness: Critical clinical constructs*. Thousand Oaks, CA: Sage.

Fischer, C. T. (2006). Introduction. In C. T. Fischer (Ed.), *Qualitative research methods for psychologists* (pp. XV-XLIV). San Diego, CA: Elsevier.

Flaskas, C. (2007). Holding hope and hopelessness: Therapeutic engagements with the balance of hope. *Journal of Family Therapy, 29*, 186-202.

Fontana, A. (2002). Postmodern trends in interviewing. In J. Gubrium & J. Holstein (Eds.), *Handbook of qualitative research: Context and method* (pp. 161-175). Thousand Oaks, CA: Sage.

Fontana, A., & Frey, J. H. (2005). The interview: From neutral stance to political involvement. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed., pp.695-727). Thousand Oaks, CA: Sage.

Frank, J. D. (1973). *Persuasion and healing*. Baltimore: Johns Hopkins University Press.

Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing* (3rd ed.). Baltimore: Johns Hopkins University Press.

Freudenberg, N., Wilets, I., Greene, M., & Richie, B. (1998). Linking women in jail to community services: Factors associated with rearrest and retention of drug-using women following release from jail. *Journal of the American Medical Women's Association, 53*, 89-93.

Fromm, E. (1968). *The revolution of hope: Toward a humanized technology* (1st ed.). New York: Harper & Row.

Frost, J. C. (2004). *Case studies in hope and helping relationships: What is the helper's*

experience of hope in teaching, coaching and counselling? Unpublished doctoral dissertation, University of Alberta, Edmonton, Alberta, Canada.

Gadamer, H. (Ed.). (1975). *Truth and method.* New York: Continuum.

Gaskins, S., & Forté, L. (1995). The meaning of hope: Implications for nursing practice and research. *Journal of Gerontological Nursing, 21*(3) 17-24.

Godfrey, J. J. (1987). *A philosophy of human hope.* Boston: Martinus Nijhoff.

Government of Canada, National Parole Board. (2006). *Parole decision-making: Myths and realities.* Retrieved August 29, 2007, from http://www.npb-cnlc.gc.ca/whatsn/myths053001_e.htm#mythone.

Government of Canada, National Parole Board. (2007). *Parole: Contributing to public safety.* Retrieved August 30, 2007, from http://www.npb-cnlc.gc.ca/infocntr/parolec/pdefine.htm.

Green, B., Miranda, J., Daroowalla, A., & Siddique, J. (2005). Trauma, exposure, mental health functioning, and program needs of women in jail. *Crime & Delinquency,* 51, 133-151.

Guba E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 105-117). Thousand Oaks, CA: Sage.

Hanna, F. J. (Ed.). (2002). *Therapy with difficult clients: Using the precursors model to awaken change.* Washington, DC: American Psychological Association.

Harre, R. (1993). *Social being* (2nd ed.). Cambridge, MA: Blackwell.

Harris, G. E., & Larsen, D. (2007). HIV peer counseling and the development of hope: Perspectives from peer counselors and peer counseling recipients. *AIDS Patient Care and STD's, 21,* 843-859.

Herth, K. A. (1990). Relationship of hope, coping style, concurrent losses and setting to grief resolution in the elderly widow(er). *Research in Nursing and Heath, 13*, 109-117.

Herth, K. (1998). Hope as seen through the eyes of homeless children. *Journal of Advanced Nursing, 28,* 1053-1062.

Herth, K. A. (2005). State of the science of hope in nursing practice: Hope, the nurse, and the patient. In J. Eliott (Ed.), *Interdisciplinary perspectives on hope* (pp. 169-211). New York: Nova Science.

Hollis, V., Massey, K., & Jevne, R. (2007). An introduction to the intentional use of hope. *Journal of Allied Health, 36*, 52-56.

Holloway, I., & Todres, L. (2003). The status of method: Flexibility, consistency, and coherence. *Qualitative Research, 3*, 345-357.

Holstein, J., & Gubrium, J. (1995). *The active interview*. Thousand Oaks, CA: Sage.

Hubble, M. A., & Miller, S. D. (2004). The client: Psychotherapy's missing link for promoting a positive psychology. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 335-353). Hoboken, NJ: John Wiley & Sons.

Irving, L. M., Seidner, A. L., Burling, T. A., Pagliarini, R., & Robbins-Sisco, D. (1998). Hope and recovery from substance dependence in homeless veterans. *Journal of Social and Clinical Psychology, 17*, 389-406.

Irving, L., Snyder, C. R., & Crowson, J. (1998). Hope and coping with cancer by college women. *Journal of Personality, 66,* 192-214.

Iving, L., Telfer, L., & Blake, D. D., (1997). Hope, coping, and social support in combat-related posttraumatic stress disorder. *Journal of Traumatic Stress, 10,* 465-479.

Jackson, M. (1999). Canadian aboriginal women and their 'criminality': The cycle of

violence in the context of difference. *The Australian and New Zealand Journal of Criminology, 32*, 2.

Janzen, G. D. (2001). *Experiences that influence the hope of people in helping professions*. Unpublished master's thesis, University of Alberta, Edmonton, Alberta, Canada.

Jevne, R. F. (1991). *It all begins with hope: Patients, caregivers & the bereaved speak out.* San Diego, CA: LuraMedia.

Jevne, R. F. (1993). Enhancing hope in the chronically ill. *Humane Medicine, 9*, 121-130.

Jevne, R. F. (2005). Hope: The simplicity and complexity. In J. Eliott (Ed.), *Interdisciplinary perspectives on hope* (pp.3-45). Hauppauge, NY: Nova Science.

Jevne, R. F., & Miller, J. E. (1999). *Finding hope: Ways to see life in a brighter light*. Fort Wayne, IN: Willowgreen Publishing.

Jevne, R. F., & Nekolaichuk, C. L. (2003). Threat and hope in coping with cancer for health care professionals. In R. Jacoby & G. Keinan (Eds.), *Between stress and hope: From a disease-centered to a health-centered perspective* (pp.187-212). Westport, CT: Praeger Publishers.

Jevne, R., Nekolaichuk, C., & Boman, J. (1999). *Experiments in hope: Blending art & science with service*. Edmonton, AB: The Hope Foundation of Alberta.

Kashdan, T. B., Pelham, W. E., Lang, A. R., Loza, B., Jacob, R. G., Jennings, J. R., et al., (2002). Hope and optimism as human strengths in parents of children with externalizing disorders: Stress is in the eye of the beholder. *Journal of Social & Clinical Psychology, 21*, 441-468.

Kassebaum, G., & Chandler, S. M. (1994). Polydrug use and self control among men and women in prisons. *Journal of Drug Issues, 24*, 333-350.

Keen, M. J. (2000). What is the experience and meaning of hope for people who have made profound change? *Dissertation Abstracts International, 62*, 1733.

Kelliher, F. (2005). Interpretivism and the Pursuit of Research Legitimisation: An Integrated Approach to Single Case Design. *The Electronic Journal of Business Research Methods*, Volume 3(2), 123-132. Retrieved January 12, 2008, from http://www.ejbrm.com.login.ezproxy.library.ualberta.ca/vol3/v3-i2/v3-i2-art4-keliher.pdf.

Klausner, E. J., Clarkin, J. F., Spielman, L., Pupo, C., Abrams, R., & Alexopoulos, G. S. (1998). Late-life depression and functional disability: The role of goal-focused group psychotherapy. *International Journal of Geriatric Psychiatry, 13,* 707-716.

Koons, B. A., Burrow, J. D., Morash, M., & Bynum, T. (1997). Expert and offender perceptions of program elements linked to successful outcomes for incarcerated women. *Crime and Delinquency, 43,* 512-532.

Kylma, J., Turunen, H., & Marja-Leena, P. (1996). Hope and chronic illness: The meaning of hope and the ways of fostering hope experienced by chronically ill Finnish people. *International Journal of Nursing Practice, 2*, 209-214.

Lake, E. (1993). An exploration of the violent victim experiences of female offenders. *Violence and Victims, 8,* 41-51.

Lambert, M. J. (1992). Implications of outcome research for psychotherapy integration. In J. C. Norcross, & M. R. Goldstein (Eds.), *Handbook of psychotherapy integration* (pp. 94-129). New York: Basic Books.

Larsen, D., Edey, W., & Lemay, L. (2005). Put hope to work: A commentary. *Journal of Advanced Nursing, 52*, 508-517.

Larsen, D., Edey, W., & Lemay, L. (2007). Understanding the role of hope in

counselling: Exploring the intentional uses of hope. *Counselling Psychology Quarterly, 20*, 401-416.

Larsen, D. J., Flesaker, K., & Stege, R. (in press). Qualitative interviewing using interpersonal process recall: Investigating internal experiences during professional-client conversations. *International Journal of Qualitative Methods*.

Lightfoot, L., & Lambert, L. (1991). *Substance abuse treatment needs of federally sentenced women* (Technical Report No. 1). Ottawa, ON: Correctional Service of Canada.

Lightfoot, L., & Lambert, L. (1992). *Substance abuse treatment needs of federally sentenced women* (Technical Report No. 2). Ottawa, ON: Correctional Service of Canada.

Lincoln, Y. S., & Guba, E. G., (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage.

Lopez, S. J., Snyder, C. R., Magyar-Moe, J., Edwards, L. M., Pedrotti, J. T., Janowski, K., Turner, J. L., & Pressgrove, C. (2004). Strategies for accentuating hope. In P. A. Linley, & S. Linley (Eds.), *Positive psychology in practice* (pp. 388-404). Hoboken, NJ: John Wiley & Sons.

Lynch, W. F. (1965). *Images of hope: Imagination as the healer of the hopeless.* Notre Dame: University of Notre Dame Press.

Magaletta, P. R., & Oliver, J. M. (1999). The hope construct, will, and ways: Their relations with self-efficacy, optimism, and general well-being. *Journal of Clinical Psychology, 55,* 539-551.

Maslach, C., & Jackson, S. E., & Leiter, M. P. (1996). *Maslach burnout inventory: Third edition.* Palo Alto, CA: Consulting Psychologists Press.

Maslow, A. (1954). *Motivation and personality* (1st ed.). New York: Harper & Row.

Massey, K. K. (2004). *Helping professionals learn to use hope*. Unpublished doctoral dissertation, University of Alberta, Edmonton, Alberta, Canada.

McGee, R. F. (1984). Hope: A factor influencing crisis resolution. *Advances in Nursing Science, 6,* 34-44.

McInery, P. (2007). From naïve optimism to robust hope: Sustaining a commitment to social justice in schools and teacher education in neoliberal times. *Asia-Pacific Journal of Teacher Education, 35,* 257-272.

McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. London: Sage.

Merriam, S. B. (1998). *Qualitative research and case study applications in education.* San Francisco: Jossey Bass.

Merriam, S. B. and associates (Eds.). (2002). *Qualitative research in practice: Examples for discussion and analysis.* San Francisco: Jossey Bass.

Mertens, D. M. (1998). *Research methods in education and psychology: Integrating diversity with quantitative & qualitative approaches.* Thousand Oaks, CA: Sage.

Monster, M., & Micucci, A. (2005). Meeting rehabilitative needs at a Canadian women's correctional centre. *The Prison Journal, 85,* 168-185.

Morse, J. M., & Doberneck, B. (1995). Delineating the concept of hope. *Image: Journal of Nursing Scholarship, 27,* 277-285.

Morse, J. M., & Richards, L. (2002). *Readme first for a user's guide to qualitative methods.* Thousand Oaks, CA: Sage.

Nekolaichuk, C. L. (1999). The meaning of hope in health and illness. *Bioethics Forum,*

15, 14-20.

Nekolaichuk, C. L. (2004). Diversity or divisiveness? A critical analysis of hope. In J. R. Cutcliffe & H. P. McKenna (Eds.), *The essential concepts of nursing* (pp. 180-212). San Diego, CA: Elsevier.

Nekolaichuk, C. L., Jevne, R. F., & Maguire, T. O. (1999). Structuring the meaning of hope in health and illness. *Social Sciences & Medicine, 48,* 591-605.

O'Brian, P. (2001). *Making it in the "free world": Women in transition from prison.* Albany, NY: State University of New York Press.

Orem, D. E. (1991). *Nursing: Concepts of practice* (4th ed.). St. Louis, MO: Mosby.

Paris, M. E., & Epting, F. (2004). Social and personal construction: Two sides of the same coin. In J. D. Raskin and S. K. Bridges (Eds.), *Studies in meaning 2: Bridging the personal and social in constructivist psychology* (pp.3-35). New Y ork: Pace University Press.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Peugh, J., & Belenko, S. (1999). Substance-involved women inmates: Challenges to providing effective treatment. *The Prison Journal, 79,* 23-44.

Platt, J. (2002). The history of the interview. In J. Gubrium & J. Holstein (Eds.), *Handbook of interview research: Context and method* (pp. 33-54). Thousand Oaks, CA: Sage.

Pollack, S. (2000). Dependency discourse as social control. In K. Hannah-Moffat, & M. Shaw (Eds.), *An ideal prison?: Critical essays on women's imprisonment in Canada* (pp.72-81). Halifax, NS: Fernwood.

Prendergast, M. L., Wellisch, J., & Wong, M. M. (1996). Residential treatment for women parolees following prison-based drug treatment: Treatment experiences, needs and service outcomes. *The Prison Journal, 76,* 253-274.

Ratliff, N. (1988). Stress and burnout in the helping professions. *Social Casework, 69,* 147-154.

Rawson, R., Obert, J., McCann, M., & Varinelli-Casey, P. (1993). Relapse prevention models for substance abuse treatment. *Psychotherapy, 30,* 284-298.

Report of the Auditor General to the House of Commons. (2003). *Chapter 4: Correctional service of Canada reintegration of women offenders.* Retrieved February 1, 2006, from http://www.oag-bvg.gc.ca/domino/reports.nsf/html/20030404ce.html.

Richie, B. E. (2001). Challenges incarcerated women face as they return to their communities: Findings from life history interviews. *Crime &Delinquency, 47,* 368-389.

Rubin, H., & Rubin, S. (1995). *Qualitative interviewing: The art of hearing data.* Thousand Oaks, CA: Sage.

Russinova, Z. (1999). Providers' hope-inspiring competence as a factor optimizing psychiatric rehabilitation outcomes. *Journal of Rehabilitation, 65,* 50-57.

Ruvelson, L. (1990). The tense tightrope: How patients and therapists balance hope and hopelessness. *Clinical Social Work Journal, 18,* 145-154.

Schwandt, T. A. (1997). *Qualitative inquiry: A dictionary of terms.* Thousand Oaks, CA: Sage.

Schwartz, R. H., Tiamiyu, M. F., and Dwyer, D. J. (2007). Social worker hope and

perceived burnout: The effects of age, years in practice, and setting. *Administration in Social Work, 31*(4), 103-119.

Scott, C. K., Foss, M. A., & Dennis, M. L. (2005). Pathways in the relapse-treatment-recovery cycle over 3 years. *Journal of Substance Abuse Treatment, 28*, S63-S72.

Severance, T. A. (2004). Concerns and coping strategies of women inmates concerning release: "It's going to take somebody in my corner". *Journal of Offender Rehabilitation, 38*, 73-97.

Shaw, M., Rodgers, K,. Blanchette, J., Hattem, T., Thomas, L., & Tamarack, L. (1991). *Paying the price: Federally sentenced women in context* (User report no. 1991-05). Ottawa, ON: Ministry of the Solicitor General.

Shechter, R. A. (1990). *The psychodynamics of a clinician's hope: A delicate balance of health care providers.* Unpublished doctoral dissertation, Dalhousie University, Halifax, Nova Scotia, Canada.

Sinclair, R. L., & Boe, R. (2002). *Canadian federal women offender profiles: Trends from 1981 to 2002 (Revised).* Retrieved February 1, 2006, from http://www.csc-scc.gc.ca/text/rsrch/reports/r131/r131_e.pdf.

Sire, J. W. (2004). *Naming the elephant: Worldview as a concept.* Downers Grove, IL: Intervarsity Press.

Snyder, C. R. (1994). *The psychology of hope: You can get there from here.* New York: The Free Press.

Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counseling & Development, 73*, 355-360.

Snyder, C. R., Cheavens, J., & Michael, S. T. (1999). Hoping. In C. R. Snyder (Ed.),

Coping: The psychology of what works (pp. 205-251). New York: Oxford University Press.

Snyder, C.R., Cheavens, J., & Michael, S.T. (2005). Hope theory: History and elaborated model. In J. Eliott (Ed.), *Interdisciplinary Perspectives on Hope* (pp. 101-118). Hauppauge, NY: Nova Science.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*, 570-585.

Synder, C. R., Michael, S. T., & Cheavens, J. (1999). The empirical case for the common factors in therapy: Quantitative findings. In M. Hubble, B. Duncan, & S. Miller (Eds.), *The Heart and Soul of Change: What Works in Therapy* (pp. 179-200). Washington, DC: American Psychological Association.

Statistics Canada. (2001). *Women in Canada* (Catalogue No. 85F0033MIE). Ottawa, ON: Author. Retrieved November 29, 2007, from http://www.statcan.ca/cgi-bin/downpub/listpub.cgi?catno=85F0033MIE2001010.

Statistics Canada. (2004). *Canadian crime statistics* (Catalogue No. 85-205-XIE). Ottawa, ON: Author. Retrieved November 29, 2007, from http://www.statcan.ca/bsolc/english/bsolc?catno=85-205-X.

Statistics Canada. (2005). *Women in Canada: A gender-based statistical report (5th ed.).* (Catalogue No. 89-503-XIE). Ottawa, ON: Author. Retrieved November 29, 2007, from http://www.statcan.ca/cgi-bin/downpub/listpub.cgi?catno=89-503-XIE2005001.

Stechmiller, J. K., & Yarandi, H. N. (1993). Predictors of burnout in critical care nurses. *Heart Lung, 22*, 534-541.

Stephenson, C. (1991). The concept of hope revisited for nursing. *Journal of Advanced Nursing, 16*, 1456-1461.

Stotland, E. (1969). *The psychology of hope*. San Francisco: Jossey-Bass.

Strauss, A. L., & Corbin, J. M. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.

Sutherland, P. (1993). *The lived experience of hope: A qualitative study of psychologists*. Unpublished doctoral dissertation, University of Alberta, Edmonton, Alberta, Canada.

Talley, J. E. (1992).*The predictors of success in very brief psychotherapy: A study of difference by gender, age, and treatment variables*. Springfield, IL: Thomas C.C.

Task Force on Federally Sentenced Women. (1990). *Creating Choices: The report of the task force on federally sentenced women*. Ottawa, ON: Correctional Service of Canada.

Truscott, D., & Crook, K. H. (2004). *Ethics for the practice of psychology in Canada*. Edmonton, AB: University of Alberta Press.

Thurber, A. (1998). Understanding offender reintegration. *Forum on Correctional Research, 10*, 14-19.

Valle, R. S., & King, M. (1978). *Existential-phenomenological alternatives for psychology*. New York: Oxford University Press.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. Adelaide, South

Australia: Dulwich Center Publications.

Wilkes, C. (2002). *Understanding hope in practitioners who deal with clients of sexual abuse*. Unpublished master's thesis, University of Alberta, Edmonton, Alberta, Canada.

Wong-Wylie, G., & Jevne, R. F. (1997). Patient hope: Exploring the interactions between physicians and HIV seropositive individuals. *Qualitative Health Research, 7*, 32-56.

Wykes, T., Stevens, W., & Everitt, B. (1997). Stress in community care teams: Will it affect the sustainability of community care? *Social Psychiatry Psychiatric Epidemiology, 32*, 398-407.

APPENDIX A

Participant Information Letter

Research Project: Experiences of hope for helping professionals working with women on parole and probation
Principle Researcher: Keri Flesaker
Department of Educational Psychology
6-123 Education North Building, University of Alberta
(780) 492-3746
Thesis Supervisor: Dr. Denise Larsen
(780) 492-5897

Hi, my name is Keri Flesaker and I am a student researcher in the Counselling Psychology program at the University of Alberta. As a researcher in the area of hope, I am interested in exploring how helping professionals experience hope as they work with women reintegrating on parole and/or probation. I expect that this study will be very helpful because it will open exploration about the importance and experience of hope for professionals working with women on parole and/or probation. It may also shed light on the importance of hope during women's transitions from prison to society.

If you choose to participate in this study, I (the researcher) will meet with you, in a place of your choosing, to interview you about how you experience hope in your work with women on parole and/or probation. There will be no "right" or "wrong" answers. I am simply looking to understand your perspectives on hope and your work. During the interview, I will ask questions about your experiences working with women on parole/probation. Interviews will take approximately 1-1.5 hours. The information you share in the interview will not be shared with anyone other than the researcher and her university supervisor.

Participants in the study must meet several criteria: (1) a) currently working with women on parole and/or probation or b) discontinued working with women on parole and/or probation in the previous 6 months, (2) have worked with women on parole and/or probation for at least 18 months, (3) occupy a professional helping role emphasizing support and/or advocacy rather than discipline and/or enforcement, and (4) not employed directly by the Correctional Service of Canada. If you meet these criteria, you may be eligible to participate. If you have any questions about these criteria, please feel free to contact the researcher (Keri Flesaker).

All information collected (i.e., audiotapes and transcriptions of the interview data) will be sorted so that your name is not associated with it. A coding system will be created to organize the data. This will be done to protect your privacy, confidentiality, and anonymity. Every effort will be made to ensure that the write-up of the findings will not include any information that can be linked directly to you or your clients. Audiotapes and transcribed data will be stored in a locked filing cabinet and will be kept for at least five years following the completion of the study.

Your participation in this study is completely voluntary and you are free to withdraw your involvement at any time. You have every right to opt out of this study without any penalty and any collected data will not be included in the study.

It is expected that this research study will uncover important new knowledge and reveal how hope can be employed to assist helping professionals working with women on parole and probation. While it is not anticipated that you will experience distress, sometimes people find that talking about hope brings up feelings and memories of low-hope experiences. If this happens, you will be encouraged to contact a friend or family member. Referral information to local support services can also be provided to you, as needed.

Given the importance of this research, the findings of this study will be written in a Master's thesis, reported in academic journals, and presented at conferences. Your name and any other identifying information that could be linked to you or your clients will not be used in any presentations or publications of the study results. The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

Please feel free to contact me at 492-3746 if you have any questions or would like to participate. You may also contact my supervisor, Dr. Denise Larsen at 492-5897 with any questions or concerns. Thank you for your interest.

Sincerely,
Keri Flesaker

APPENDIX B

Participant Consent Form

Research Project: Experiences of hope for helping professionals working with women on parole and probation
Principle Researcher: Keri Flesaker
Department of Educational Psychology
6-123 Education North Building, the University of Alberta
(780) 492-3746
Thesis Supervisor: Dr. Denise Larsen
(780) 492-5897

I understand that the purpose of this study is to explore hope as experienced by myself in my work with women on parole and/or probation. I am aware that this study will involve the following:

- Participating in a 1-1.5 hour long interview with the researcher to talk about my experiences of hope, related to my work with women on parole and/or probation.
- My interview session being audio taped and later transcribed by the researcher.
- The researcher potentially contacting me after the interview for my feedback on the transcript and to ask clarifying questions.
- Identifying interview information I share with the researcher will be accessible only to the researcher and her university supervisor. It will not at any time be shared with anyone other than the researcher, including other staff members at my workplace.

I understand that all information collected (i.e., audiotapes and transcriptions of the interview data) will be sorted and my name will not associated with it, so as to maintain my privacy, confidentiality, and anonymity. I am also aware that the write-up of the findings will make every effort to not include any information that can be linked directly to me or any of my clients. I understand that all audiotapes and transcribed data will be secured in a locked filing cabinet and will be kept for at least five years following the completion of the study.

I understand that this research is being conducted as a part of Keri Flesaker's program of research to complete a Master of Education in Counselling Psychology. I understand that the results from this study may be published in a Master's thesis, academic journals, or presented at conferences. I am also aware that this project has been approved by the Research Ethics Board of the Faculty of Education at the University of Alberta and that concerns and questions concerning my rights and the ethical standards applicable to this study can be directed to the Chair of the Research Ethics Board at (780) 492-3751.

I understand that my participation in this study is completely voluntary and I can withdraw my involvement at any time. I understand that I have every right to opt out of this study without any penalty and any collected data will not be included in the study.

Having read and understood all of the above I, _____
Signature of Participant_____ Date_____

Signature of Researcher_____ Date _____

If you have any questions or concerns about this research, please contact Keri Flesaker at 492-3746 or Dr. Denise Larsen, Ph.D., R. Psych. at 492-5897.

Thank you for your participation in this study.

APPENDIX C

Participant Demographic Sheet

Project Title: Experiences of hope for helping professionals working with women on parole and probation

Please provide the following information:

Name: _____

Age: _____

Gender: Female Male
(please circle one)

Ethnicity: Aboriginal Asian Black Caucasian East Indian Hispanic Middle Eastern Mixed ethnicity Other_____
(please circle one)

Relationship Status: Single Married/Common-law Divorced/Separated Widowed
(please circle one)

Formal education (i.e., degrees, diplomas, and certificates and the year you obtained them)

_____
_____
_____

Current job title and place of employment

_____
_____

How long have you been working at this job?

_____
_____

If you are no longer working with women on parole and/or probation, when did you last work in this field?

_____
_____

How long have you worked with women on parole and/or probation?

What role(s) have you had working with women on parole and/or probation (i.e., parole officer, prison volunteer)? Please include the dates and locations of each role you had.

APPENDIX D

Guiding Research Interview Questions

1. Tell me a bit about what it's like being a (insert job title) working with women on parole/probation?
2. What are some things in your day to day work with women on parole/probation that encourage your hope?
3. Are there times in your work with women on parole/probation when your hope feels threatened?
4. Do you believe that it's important for you to have hope as you do your work?
5. In what ways do you believe that your clients' receive hope?
6. What role do you believe hope plays in the reintegration process for women on parole and/or probation?